

HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

Anthem Health Plans of Maine, Inc.

| NAIC Gro | oup Code 0671 0671 (Current) (Prior) | NAIC Company Cod | de <u>52618</u> Employer's | ID Number | 31-1705652 |
|--|---|--|--|---|---|
| Organized under the Laws of | Maine | | State of Domicile or Port of | Entry | Maine |
| Country of Domicile | | United States o | f America | | |
| Licensed as business type: | | Other | | | |
| Is HMO Federally Qualified? Yes [|] No [X] | | | | |
| Incorporated/Organized | 03/10/2000 | | Commenced Business _ | | 06/05/2000 |
| Statutory Home Office | 2 Gannett Drive | | | | US 04106-6911 country and Zip Code) |
| Main Administrative Office | (Street and Number) | 2 Connatt I | , , | r Town, State, Ot | ountry and zip code) |
| | | 2 Gannett I (Street and N | | 200 500 | 0400 |
| | rtland , ME, US 04106-6911 n, State, Country and Zip Code) | | (A) | 866-583 Area Code) (Tele | |
| Mail Address | 2 Gannett Drive | | Sou | uth Portland , ME | , US 04106-6911 |
| | (Street and Number or P.O. Box) | | (City or | r Town, State, Co | ountry and Zip Code) |
| Primary Location of Books and Reco | ords | 2 Gannett (Street and N | | | |
| | rtland , ME, US 04106-6911 n, State, Country and Zip Code) | | | 866-583 Area Code) (Tele | |
| Internet Website Address | i, State, Country and Zip Code) | www.anthei | , | rea Oude) (Tele | phone Number) |
| | Joanna Lautarh | a a b | | 207 | 7-822-7794 |
| Statutory Statement Contact | Joanne Lauterb (Name) | DACII | | (Area Code) | (Telephone Number) |
| | lauterbach@anthem.com (E-mail Address) | , | | 207-822 (FAX Nu | |
| | | OFFICE | RS | | |
| President and Chairperson | Daniel Patrick Corcoran | 1 | Treasurer _ Assistant Secretary and | | Robert David Kretschmer |
| Secretary | Kathleen Susan Kiefer | | | | Lendall Libby Smith Esq. |
| The state Bank Bank Wal | | OTHE | T. S. | | |
| Timothy Paul Deno Val | luation Actuary Enc | | Assistant Treasurer | *************************************** | |
| Daniel Patrick Co | | DIRECTORS OR Carter Alle | en Beck | | Kathleen Susan Kiefer |
| Wayne Scott De Catherine Irene K | | Robert David I | Kretschmer | | John Edward Gallina |
| | | | | | |
| State of County of C | Maine St Cumberland | S: | | | |
| | | | | | |
| all of the herein described assets was statement, together with related exh condition and affairs of the said repin accordance with the NAIC Annuarules or regulations require difference respectively. Furthermore, the sco | were the absolute property of the si- ilbits, schedules and explanations the order of the reporting period al Statement Instructions and Accounces in reporting not related to append of this attestation by the describ- | aid reporting entity, finerein contained, annual stated above, and unting Practices and accounting practices ed officers also incluing a contained are also incluing a contained accounting practices and accounting practices and officers also incluing a contained are also incluing a contained are a cont | ree and clear from any liens exed or referred to, is a full a of its income and deduction Procedures manual except t and procedures, according des the related correspondir | s or claims there and true stateme s therefrom for th to the extent that to the best of ng electronic filing | If that on the reporting period stated above con, except as herein stated, and that this nt of all the assets and liabilities and of the e period ended, and have been completed: (1) state law may differ; or, (2) that state their information, knowledge and belief g with the NAIC, when required, that is ary various regulators in lieu of or in addition |
| Dant P. Cra | na | Mary | My | | mm bi- |
| Daniel Patrick Corcora President | an | Kathleen Susa Secreta | _ | | Robert David Kretschmer Treasurer |
| | HARON W. BERRY Otary Public, Maine |) | a. Is this an original filin b. If no, 1. State the amendm 2. Date filed 3. Number of pages a | ent number | Yes [X] No [] |

ASSETS

| | | | Current Statement Date | 9 | 4 |
|------------|--|--------------|-------------------------|---|--|
| | | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | December 31 Prior Year Net Admitted Assets |
| 1. | Bonds | 198,285,647 | | | 195,960,781 |
| | Stocks: | | | | |
| | 2.1 Preferred stocks | | | 0 | 0 |
| | 2.2 Common stocks | | | 0 | 0 |
| 3. | Mortgage loans on real estate: | | | | |
| | 3.1 First liens | | | 0 | 0 |
| | 3.2 Other than first liens | | | 0 | 0 |
| 4. | Real estate: | | | | |
| | 4.1 Properties occupied by the company (less \$ | | | | |
| | encumbrances) | 8, 171, 679 | | 8,171,679 | 8,055,018 |
| | 4.2 Properties held for the production of income (less | | | | |
| | \$ encumbrances) | | | 0 | 0 |
| | 4.3 Properties held for sale (less \$ | | | | |
| | encumbrances) | | | 0 | 0 |
| 5. | Cash (\$(42,618,005)), cash equivalents | | | | |
| | (\$) and short-term | | | | |
| | investments (\$1,181,571) | (41,436,434) | | (41,436,434) | (24.462.891) |
| 6. | Contract loans (including \$ premium notes) | | | | 0 |
| 7. | Derivatives | | | _ | 0 |
| 8. | Other invested assets | | | | 205,702 |
| 9. | Receivables for securities | | | | 0 |
| 10. | Securities lending reinvested collateral assets | | | | 0 |
| 11. | Aggregate write-ins for invested assets | | | | 0 |
| 12. | Subtotals, cash and invested assets (Lines 1 to 11) | | | 165,226,594 | |
| | Title plants less \$ charged off (for Title insurers | | | | |
| | only) | | | 0 | 0 |
| 14. | Investment income due and accrued | | | 1,788,340 | |
| | Premiums and considerations: | | | | |
| | 15.1 Uncollected premiums and agents' balances in the course of collection | 22.271.917 | 660.718 | 21,611,199 | 21,119,529 |
| | 15.2 Deferred premiums, agents' balances and installments booked but | | | | |
| | deferred and not yet due (including \$18,358,263 | | | | |
| | earned but unbilled premiums) | 18 358 263 | | 18,358,263 | 17 241 485 |
| | 15.3 Accrued retrospective premiums | | | 840 , 153 | |
| 16. | Reinsurance: | | | | |
| 10. | 16.1 Amounts recoverable from reinsurers | 859 552 | | 859,552 | 6 835 260 |
| | 16.2 Funds held by or deposited with reinsured companies | | | | 0 |
| | 16.3 Other amounts receivable under reinsurance contracts | | | | 0 |
| 17. | Amounts receivable relating to uninsured plans | | | | 17,397,561 |
| | Current federal and foreign income tax recoverable and interest thereon | | | | 0 |
| | Net deferred tax asset | | | 12,299,731 | |
| 19. | Guaranty funds receivable or on deposit | | | | 0 |
| 20. | Electronic data processing equipment and software | | | | 73,844 |
| 21. | Furniture and equipment, including health care delivery assets | | | | |
| | (\$) | 955 300 | 955 300 | 0 | 0 |
| 22. | Net adjustment in assets and liabilities due to foreign exchange rates | | | | 0 |
| 23. | Receivables from parent, subsidiaries and affiliates | | | 62,672,078 | |
| | Health care (\$65,436,742) and other amounts receivable | | | , , | 68,416,230 |
| 24. 25. | Aggregate write-ins for other than invested assets | | | 57,776,358 | |
| 25. 26. | Total assets excluding Separate Accounts, Segregated Accounts and | | 2/9, 194 | ,۱۱۷,۱۲۰ الد | 000,000, الا |
| 20. | Protected Cell Accounts (Lines 12 to 25) | 436,613,752 | 15,068,981 | 421,544,771 | 417,586,557 |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell | | | | |
| | Accounts | | | | 0 |
| 28. | Total (Lines 26 and 27) | 436,613,752 | 15,068,981 | 421,544,771 | 417,586,557 |
| | DETAILS OF WRITE-INS | | | | |
| 1101. | | | | | |
| 1102. | | | | | |
| 1103. | | | | | |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. | Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. | Federal Employee Program Assets Held by Agent | 56,755,038 | | , , | 56,897,716 |
| 2502. | State Tax Recoverable | 541,683 | | 541,683 | 741,659 |
| 2503. | Exhange Subsidy Receivables | 369,686 | | 369,686 | 0 |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | 389 , 145 | 279, 194 | 109,951 | 127,475 |
| 2599. | Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 58,055,552 | 279, 194 | 57,776,358 | 57,766,850 |

LIABILITIES, CAPITAL AND SURPLUS

| 1 Claims unped lotes \$50,000 relinarions coded 20 20 41 45 50 41 45 45 45 45 45 45 45 | | LIADILITIES, CAP | ,, | Current Period | | Prior Year |
|--|-------|---|---|----------------|-------------|---|
| 1. Camer unposit (seas | | | 1 | | 3 | 4 |
| 2. Accorded medical incentive good and broke an accurate | | | | | | Total |
| 3. Unpaid claims adjustment approaches 2,264,621 2,264,621 2,144 | 1. | | | 474,845 | 99,119,900 | 89,692,801 |
| 4. Aggregate health poolsy reserves, including the fability of 8 | 2. | | | | | 115,488 |
| \$ 0 for medical loss ratio elebets per the Public Health Sharks AC. \$ 8,646,72 \$ 9,000 age the book preserves | 3. | Unpaid claims adjustment expenses | 2,264,621 | | 2,264,621 | 2,140,362 |
| Health Service Act | 4. | | | | | |
| 5. Agropate lite policy reserves. 7. Agropate has been policy reserves. 8. Procurry installar preserves per such as a policy of the policy reserved in advance in a policy of the poli | | | | | | |
| 6. Proporty/cealably uncareand premium searce | | Health Service Act | 89,646,752 | | 89,646,752 | 101,268,916 |
| 7. Agrangate health claim reserves 1,102,520 1,1 | 5. | Aggregate life policy reserves | | | 0 | 0 |
| 8. Prenulums accessed in advance | 6. | Property/casualty unearned premium reserve | | | 0 | 0 |
| 9 General expresses during or accrued 18,026,134 19,026,134 5,12 | 7. | Aggregate health claim reserves | 1,102,520 | | 1,102,520 | 1,177,990 |
| 10.1 Durrent foderal and foogen income tax payable and interest thereon (including 8 | 8. | Premiums received in advance | 16,642,499 | | 16,642,499 | 12,289,600 |
| 10.1 Durrent foderal and foogen income tax payable and interest thereon (including 8 | 9. | General expenses due or accrued | 18,926,134 | | 18,926,134 | 5,021,402 |
| 10.2 Net deferred tax liabilities (Lines 1 to 25) 242, 843 242, 843 3.1 | 10.1 | | | | | |
| 10.2 Net deferred tax liabilities (Lines 1 to 25) 242, 843 242, 843 3.1 | | (including \$ on realized gains (losses)) | 4,764,012 | | 4,764,012 | 1,103,459 |
| 11. Carbot reinsurance premiums payable | 10.2 | | | | · · · | 0 |
| 12. Amounts withheeld or retailured for the account of others. 380,573 30,473 31 31 31. Remittances and items not allocated 4,588,989 2,26 32.6 330,473 32.6 330,473 330,473 34.889,989 2,26 34.889,989 2,26 34.889,989 3.2 34.889,989 3.2 34.889,989 3.2 34.889,989 3.2 34.889,989 3.2 34.889,989 3.2 34.889,999 3.2 34.899,999 3.2 34.899,999 3.2 34.899,999 3.2 34.899,999 3.2 34.899,999 3.2 34.899,999 3.2 34.899,999 3.2 34.899,999 34. | | • | | | | 812,919 |
| 13. Remittances and items not allocated | | · · · · · · · · · · · · · · · · · · · | | | | · · · · · · · · · · · · · · · · · · · |
| 14. Borrowed money (including \$ | | | | | | |
| Interest thereon \$ | _ | | | | | 2,200,030 |
| S | 14. | , | | | | |
| 15. Amounts due to parent, subsidiaries and affiliates .5,946,507 .0,865,507 | | , , | | | 0 | 0 |
| 16. Derivatives | 45 | | | | | |
| 17. Payable for securities 0 0 | | | | | | |
| 18. Payable for securities lending | | | | | | |
| 19. Funds held under reinsurance treatiles (with \$ authorized reinsurers, \$ unauthorized reinsurers, \$ unauthorized reinsurers and \$ cortified reinsurers) | | | | | | |
| authorized reinsurers. \$ unauthorized reinsurers and \$ certified (%) 0 0 0 0 0 0 0 0 0 | | | | | 0 | 0 |
| Reinsurance in unauthorized and certified (§ | 19. | • | | | | |
| 20. Reinsurance in unauthorized and certified (\$ 0 0 0 0 0 0 0 0 0 | | authorized reinsurers, \$ unauthorized | | | | |
| Companies | | • | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | 20. | Reinsurance in unauthorized and certified (\$ | | | | |
| 22 | | companies | | | | 0 |
| 23. Aggregate write-ins for other liabilities (including \$ | 21. | Net adjustments in assets and liabilities due to foreign exchange rates | | | | 0 |
| Current | 22. | Liability for amounts held under uninsured plans | 5,704,218 | | 5,704,218 | 7,915,760 |
| 24. Total liabilities (Lines 1 to 23) | 23. | Aggregate write-ins for other liabilities (including \$2,735,701 | | | | |
| 25. Aggregate write-ins for special surplus funds XXX XXX 5,313,633 26. Common capital stock XXX XXX XXX 2,500,000 2,50 27. Preferred capital stock XXX XXX XXX XXX XXX 120,652,900 120,65 28. Gross paid in and contributed surplus XXX XXX XXX XXX 0 30. Aggregate write-ins for other than special surplus funds XXX XXX XXX XXX 0 33. Unassigned funds (surplus) XXX | | current) | | | | |
| 26. Common capital stock XXX XXX 2,500,000 2,50 27. Preferred capital stock XXX XXX XXX XXX 28. Gross paid in and contributed surplus XXX XXX </td <td>24.</td> <td>Total liabilities (Lines 1 to 23)</td> <td>258,907,580</td> <td>474,845</td> <td>259,382,425</td> <td>254,457,790</td> | 24. | Total liabilities (Lines 1 to 23) | 258,907,580 | 474,845 | 259,382,425 | 254,457,790 |
| 27. Preferred capital stock XXX XXX XXX XXX 120,652,900 120,652 120,652,900 120,652,90 | 25. | Aggregate write-ins for special surplus funds | XXX | XXX | 5,313,633 | 0 |
| 28. Gross paid in and contributed surplus XXX XXX XXX 120,652,900 .120,65 29. Surplus notes XXX XXX XXX XXX XXX .0 31. Unassigned funds (surplus) XXX XXX XXX XXX .33,695,813 .39,97 32. Less treasury stock, at cost: 32.1 shares common (value included in Line 26 \$) XXX XXX <td>26.</td> <td>Common capital stock</td> <td>XXX</td> <td>XXX</td> <td>2,500,000</td> <td>2,500,000</td> | 26. | Common capital stock | XXX | XXX | 2,500,000 | 2,500,000 |
| 29. Surplus notes | 27. | Preferred capital stock | XXX | XXX | | |
| 29. Surplus notes | 28. | Gross paid in and contributed surplus | XXX | XXX | 120,652,900 | 120,652,900 |
| 30. Aggregate write-ins for other than special surplus funds | 29. | | | | | |
| 31. Unassigned funds (surplus) 32. Less treasury stock, at cost: 32.1 | 30. | | | | | 0 |
| 32. Less treasury stock, at cost: 32.1 | 31. | | | | | |
| 32.1 shares common (value included in Line 26 \$) XXX XXX 32.2 shares preferred (value included in Line 27 \$) XXX XXX 33. Total capital and surplus (Lines 25 to 31 minus Line 32) XXX XXX 162, 162, 346 163, 12 34. Total liabilities, capital and surplus (Lines 24 and 33) XXX XXX 421,544,771 417,58 DETAILS OF WRITE-INS 2301. FEP Special Advance 4,353,675 4,355 2302. Blue Card Liabilities 1,543,031 1,5 | | | | | , , , , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| \$ | 02. | | | | | |
| 32.2 shares preferred (value included in Line 27 \$ \$) XXX XXX XXX | | | XXX | XXX | | |
| \$) | | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | | · · · · | VVV | VVV | | |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) XXX XXX 421,544,771 417,58 DETAILS OF WRITE-INS 2301. FEP Special Advance 4,353,675 <td>22</td> <td></td> <td></td> <td></td> <td></td> <td></td> | 22 | | | | | |
| DETAILS OF WRITE-INS 2301. FEP Special Advance 4,353,675 4,353,675 4,353 2302. Blue Card Liabilities 1,543,031 1,543,031 1,543,031 1,543,031 1,317,373 1,317,373 1,317,373 1,317,373 1,317,373 1,21 2398. Summary of remaining write-ins for Line 23 from overflow page 2,789,418 0 2,789,418 0 2,789,418 2,32 2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) 10,003,497 0 10,003,497 9,47 2501. Est imated 2015 ACA health insurer fee XXX XXX XXX 5,313,633 2502. XXX XXX XXX XXX 2503. XXX XXX XXX 0 2598. Summary of remaining write-ins for Line 25 from overflow page XXX XXX 0 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) XXX XXX XXX 3001. XXX XXX XXX 3003. XXX XXX XXX | | | | | | 417,586,557 |
| 2301. FEP Special Advance | 34. | | *** | *** | 421,344,771 | 417,300,337 |
| 2302. Blue Card Liabilities 1,543,031 1,543,031 1,543,031 1,583,031 1,583,031 1,583,031 1,583,031 1,583,031 1,583,031 1,583,031 1,583,031 1,583,031 1,583,031 1,583,031 1,583,031 1,583,031 1,583,031 1,583,031 1,583,031 1,583,031 1,213,17,373 1,213,17,273 1,213,17,373 1,213,17,373 <td></td> <td></td> <td>4 050 075</td> <td></td> <td>4 050 075</td> <td>4 050 075</td> | | | 4 050 075 | | 4 050 075 | 4 050 075 |
| 2303. Escheat Liability | | · | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page 2,789,418 0 2,789,418 2,32 2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) 10,003,497 0 10,003,497 9,47 2501. Est imated 2015 ACA health insurer fee XXX XXX XXX 5,313,633 2502. XXX XXX XXX XXX 2598. Summary of remaining write-ins for Line 25 from overflow page XXX XXX XXX 0 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) XXX XXX XXX 3001. 3002. XXX XXX XXX XXX XXX 3003. XXX XXX XXX XXX | | | | | | |
| 2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) 10,003,497 0 10,003,497 9,47 | | · | | | | |
| 2501. Estimated 2015 ACA health insurer fee XXX XXX XXX 5,313,633 2502. XXX XXX XXX XXX 2503. XXX XXX XXX XXX 2598. Summary of remaining write-ins for Line 25 from overflow page XXX XXX XXX 0 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) XXX XXX XXX 303. 3001. XXX XXX XXX XXX XXX 3003. XXX XXX XXX XXX | | | | | | 2,321,166 |
| 2502. | 2399. | | | _ | | 9,475,956 |
| 2503. XXX XXX XXX XXX 2598. Summary of remaining write-ins for Line 25 from overflow page XXX | 2501. | | | | | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page XXX XXX XXX 0 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) XXX XXX XXX 5,313,633 3001. XXX XXX XXX 3002. XXX XXX XXX 3003. XXX XXX XXX | 2502. | | | | | |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) XXX XXX 5,313,633 3001. XXX XXX XXX 3002. XXX XXX XXX 3003. XXX XXX XXX | 2503. | | | | | |
| 3001. XXX XXX 3002. XXX XXX XXX XXX XXX XXX XXX XXX XXX X | 2598. | Summary of remaining write-ins for Line 25 from overflow page | XXX | xxx | 0 | 0 |
| 3002. XXX XXX XXX 3003. XXX XXX XXX | 2599. | Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | XXX | XXX | 5,313,633 | 0 |
| 3003. XXX XXX | 3001. | | XXX | xxx | | |
| 3003. XXX XXX | 3002. | | XXX | xxx | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow pageXXXXXX | 3003. | | XXX | xxx | | |
| | 3098. | Summary of remaining write-ins for Line 30 from overflow page | xxx | xxx | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above) XXX XXX 0 | | | | | | 0 |

STATEMENT OF REVENUE AND EXPENSES

| | | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|----------------|--|-------------------------|-------------|-----------------------|---------------------------------|
| | | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. | Member Months | XXX | 966,962 | | 3,948,805 |
| 2. | Net premium income (including \$ non-health | | | | |
| | premium income) | | | | |
| 3. | Change in unearned premium reserves and reserve for rate credits | | | | |
| 4. | Fee-for-service (net of \$ medical expenses) | | | | |
| 5. | Risk revenue | | | | |
| 6. 7. | Aggregate write-ins for other health care related revenues | | | | |
| 7. 8. | Total revenues (Lines 2 to 7) | | | 254,337,072 | |
| 0. | Hospital and Medical: | | 240,700,001 | 204,007,072 | 1,000,001,400 |
| 9. | Hospital/medical benefits | 772,611 | 161,276,138 | 167, 152,979 | 704,883,599 |
| 10. | Other professional services | | | 2,025,175 | |
| 11. | Outside referrals | | | | |
| 12. | Emergency room and out-of-area | 37,758 | 7,881,615 | 8,282,303 | 31,805,050 |
| 13. | Prescription drugs | | | 38,817,919 | 158,306,906 |
| 14. | Aggregate write-ins for other hospital and medical | | | 0 | 0 |
| 15. | Incentive pool, withhold adjustments and bonus amounts | | | , | 1,278,018 |
| 16. | Subtotal (Lines 9 to 15) | 1,019,591 | 213,873,203 | 216,288,089 | 904,734,265 |
| 4 7 | Less: | | 000 070 | 0.040.007 | 00 040 400 |
| 17. 18. | Net reinsurance recoveries Total hospital and medical (Lines 16 minus 17) | | · | | |
| 19. | Non-health claims (net) | | | 212,930,092 | 000,921,107 |
| 20. | Claims adjustment expenses, including \$ | | | | |
| 20. | containment expenses | | 6.658.249 | 7.529.107 | 29.079.545 |
| 21. | General administrative expenses | | | 14,582,200 | |
| 22. | Increase in reserves for life and accident and health contracts | | | | |
| | (including \$ increase in reserves for life only) | | 227,321 | | 0 |
| 23. | Total underwriting deductions (Lines 18 through 22) | | | | |
| 24. | Net underwriting gain or (loss) (Lines 8 minus 23) | | | | |
| 25. | Net investment income earned | | 2,121,016 | 2 , 438 , 132 | 9,243,340 |
| 26. | Net realized capital gains (losses) less capital gains tax of | | | | |
| .= | \$ | | | | |
| 27. | Net investment gains (losses) (Lines 25 plus 26) | | 2, 191,563 | 2,654,755 | 10,485,058 |
| 28. | Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) | | | | |
| | , | | | | 73, 102 |
| 29. | Aggregate write-ins for other income or expenses | | 20,236 | 4,692 | 16,242 |
| 30. | Net income or (loss) after capital gains tax and before all other federal | | | | , |
| | income taxes (Lines 24 plus 27 plus 28 plus 29) | | | 21,946,520 | 68,697,786 |
| 31. | Federal and foreign income taxes incurred | | , , , | 7,500,345 | 20,327,923 |
| 32. | Net income (loss) (Lines 30 minus 31) | XXX | (4,713,757) | 14,446,175 | 48,369,863 |
| 0001 | DETAILS OF WRITE-INS | 2007 | | | |
| 0601. | | XXX | | | |
| 0602. 0603. | | XXX | | | |
| | | XXX | 0 | 0 | Λ |
| 0698. 0699. | Summary of remaining write-ins for Line 6 from overflow page | XXX | 0 | 0 | 0 |
| 0701. | • | 2007 | | 0 | <u> </u> |
| 0701. | | XXX | | | |
| 0702. | | 1004 | | | |
| 0798. | Summary of remaining write-ins for Line 7 from overflow page | | n | n | n |
| 0799. | Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) | XXX | 0 | 0 | 0 |
| 1401. | | | | | |
| 1402. | | | | | |
| 1403 | | | | | |
| 1498. | Summary of remaining write-ins for Line 14 from overflow page | | 0 | 0 | 0 |
| 1499. | Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) | 0 | 0 | 0 | 0 |
| 2901. | III I | | 20,236 | 4,692 | 16,242 |
| 2902. | | | | , | , |
| 2903 | | | | | |
| 2998. | Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. | Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) | 0 | 20,236 | 4,692 | 16,242 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | STATEMENT OF REVENUE AND EX | PENSES (C | ontinued | , |
|-------|--|-------------------------|----------------------------|--------------------------------------|
| | | Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
| | CAPITAL AND SURPLUS ACCOUNT | | | |
| 33. | Capital and surplus prior reporting year | 163,128,767 | 142,789,377 | 142,789,377 |
| 34. | Net income or (loss) from Line 32 | (4,713,757) | 14,446,175 | 48,369,863 |
| 35. | Change in valuation basis of aggregate policy and claim reserves | | | |
| 36. | Change in net unrealized capital gains (losses) less capital gains tax of \$ | | (63) | (14,331) |
| 37. | Change in net unrealized foreign exchange capital gain or (loss) | | | |
| 38. | Change in net deferred income tax | (2,492,389) | (4,950,039) | (10,527,154) |
| 39. | Change in nonadmitted assets | 6,239,725 | 14,288,791 | 22,411,012 |
| 40 | Change in unauthorized and certified reinsurance | 0 | 0 | 0 |
| 41. | Change in treasury stock | 0 | 0 | 0 |
| 42. | Change in surplus notes | 0 | 0 | 0 |
| 43. | Cumulative effect of changes in accounting principles. | | | |
| 44. | Capital Changes: | | | |
| | 44.1 Paid in | 0 | 0 | 0 |
| | 44.2 Transferred from surplus (Stock Dividend) | 0 | 0 | 0 |
| | 44.3 Transferred to surplus | - | | |
| 45. | Surplus adjustments: | | | |
| | 45.1 Paid in | 0 | 0 | 0 |
| | 45.2 Transferred to capital (Stock Dividend) | - | | |
| | 45.3 Transferred from capital | | | |
| 46. | Dividends to stockholders | - | | (39,900,000) |
| 47. | Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. | Net change in capital & surplus (Lines 34 to 47) | (966,421) | 23,784,864 | 20,339,390 |
| 49. | Capital and surplus end of reporting period (Line 33 plus 48) | 162, 162, 346 | 166,574,241 | 163,128,767 |
| | DETAILS OF WRITE-INS | | | |
| 4701. | | | | |
| 4702. | | | | |
| 4703. | | - | | |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. | Totals (Lines 4701 through 4703 plus 4798)(Line 47 above) | 0 | 0 | 0 |

CASH FLOW

| | CASITICAN | | | |
|-----|--|------------------------------|----------------------------|--------------------------------------|
| | | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
| | Cash from Operations | | | |
| 1. | Premiums collected net of reinsurance | 240,039,725 | 265,815,449 | 1,044,088,403 |
| 2. | Net investment income | 3,020,541 | 3,333,571 | 12,084,828 |
| 3. | Miscellaneous income | 0 | 0 | 0 |
| 4. | Total (Lines 1 to 3) | 243,060,266 | 269,149,020 | 1,056,173,231 |
| 5. | Benefit and loss related payments | 197,551,724 | 211,661,145 | 878,704,855 |
| 6. | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. | Commissions, expenses paid and aggregate write-ins for deductions | 24,383,373 | 29,223,928 | 98,344,847 |
| 8. | Dividends paid to policyholders | | | |
| 9. | Federal and foreign income taxes paid (recovered) net of \$37,979 tax on capital gains (losses) | 1,225,972 | 555,047 | 22,991,109 |
| 10. | Total (Lines 5 through 9) | 223,161,069 | 241,440,120 | 1,000,040,811 |
| 11. | Net cash from operations (Line 4 minus Line 10) | 19.899.197 | 27,708,900 | 56,132,420 |
| 11. | Net cash from operations (Line 4 milius Line 10) | 19,099,191 | 21,100,900 | 30, 132,420 |
| | Cash from Investments | | | |
| 12. | Proceeds from investments sold, matured or repaid: | | | |
| | 12.1 Bonds | 0 | 18,285,223 | 70,732,385 |
| | 12.2 Stocks | 15,971,478 | 0 | 175,557 |
| | 12.3 Mortgage loans | 0 | 0 | 0 |
| | 12.4 Real estate | 0 | 0 | 0 |
| | 12.5 Other invested assets | 0 | 0 | 0 |
| | 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | 0 |
| | 12.7 Miscellaneous proceeds | 0 | 5,526,277 | 556,035 |
| | 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 15,971,478 | 23,811,500 | 71,463,977 |
| 13. | Cost of investments acquired (long-term only): | | | |
| | 13.1 Bonds | 18,701,024 | 21,912,544 | 54,786,530 |
| | 13.2 Stocks | 0 | 0 | 882 |
| | 13.3 Mortgage loans | 0 | 0 | 0 |
| | 13.4 Real estate | 214,692 | 97,686 | 97,686 |
| | 13.5 Other invested assets | 0 | 0 | 0 |
| | 13.6 Miscellaneous applications | 0 | 4,723,040 | 0 |
| | 13.7 Total investments acquired (Lines 13.1 to 13.6) | 18,915,716 | 26,733,270 | 54,885,098 |
| 14. | Net increase (or decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. | Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | (2,944,238) | (2,921,770) | 16,578,879 |
| | Cash from Financing and Miscellaneous Sources | | | |
| 16. | Cash provided (applied): | | | |
| | 16.1 Surplus notes, capital notes | | 0 | 0 |
| | 16.2 Capital and paid in surplus, less treasury stock | | 0 | 0 |
| | 16.3 Borrowed funds | | 0 | 0 |
| | 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | | 0 |
| | 16.5 Dividends to stockholders | | 0 | 39,900,000 |
| | 16.6 Other cash provided (applied) | (33,928,502) | (7,049,126) | 24,163,963 |
| 17. | Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | (33,928,502) | (7,049,126) | (15,736,037) |
| | RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. | Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | (16,973,543) | 17,738,004 | 56,975,262 |
| 19. | Cash, cash equivalents and short-term investments: | , , | . , | • • |
| | | (24,462,891) | (81,438,153) | (81,438,153) |
| | 19.2 End of period (Line 18 plus Line 19.1) | (41,436,434) | (63,700,149) | |

| Note: Supplemental disclosures of cash flow information for non-cash transactions: | | |
|--|--|---|
| | | |
| | | 1 |

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | 1 Comprehensive (Hospital & Medical) | | | 5 | 6 | 7 | 8 | 9 | 10 |
|---|-------------|--------------------------------------|-------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|----------|
| | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 322,828 | 18,349 | 130,263 | 20,093 | 82,628 | 10,666 | 35,788 | 2,904 | 0 | 22 , 137 |
| 2. First Quarter | 319,832 | 17,537 | 126, 100 | 20,404 | 78,637 | 12,965 | 41,043 | 416 | 0 | 22,730 |
| 3. Second Quarter | 0 | | | | | | | | | |
| 4. Third Quarter | 0 | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | |
| 6. Current Year Member Months | 966,962 | 54,601 | 382,255 | 61,674 | 237,744 | 37,573 | 123,435 | 1,225 | 0 | 68,455 |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7 Physician | 267,871 | 21,642 | 209,335 | 33,752 | | | | 3,142 | | |
| 8. Non-Physician | 314,358 | 12,566 | 185, 176 | 112,936 | | | | 3,680 | | |
| 9. Total | 582,229 | 34,208 | 394,511 | 146,688 | 0 | 0 | 0 | 6,822 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 25,744 | 1, 171 | 10,332 | 13,861 | | | | 380 | | |
| 11. Number of Inpatient Admissions | 4,149 | 225 | 2,044 | 1,814 | | | | 66 | | |
| 12. Health Premiums Written (a) | 238,131,304 | 18,403,067 | 160,532,738 | 11,284,533 | 804,081 | 1,182,049 | 44,311,374 | 683,395 | | 930,067 |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 249,980,789 | 18,291,570 | 172,237,387 | 10,946,414 | 803,483 | 1, 171, 736 | 44 , 454 , 052 | 1,146,080 | | 930,067 |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 205,727,364 | 13,795,077 | 135,019,576 | 13,385,752 | 664,035 | 761,402 | 39,532,910 | 2,302,662 | | 265,950 |
| 18. Amount Incurred for Provision of Health Care Services | 213,873,203 | 16,759,584 | 143,963,072 | 10,535,595 | 678,997 | 879,471 | 40,642,879 | (78, 133) | | 491,738 |

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

| Aging Analysis of Unpaid Claims | 3 | | | | | |
|--|-----------|--------------|--------------|---------------|---------------|-------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | - 30 Days | 31 - 60 Days | 61 - 90 Days | 91 - 120 Days | Over 120 Days | Total |
| Claims Unpaid (Reported) | | | | | | |
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| | | | | | | |
| 0299999 Aggregate accounts not individually listed-uncovered | 453,016 | 17,032 | 2,879 | | 1,678 | 474,845 |
| 0399999 Aggregate accounts not individually listed-covered | 6,793,519 | 255,409 | 43, 168 | | 25, 181 | 7,120,874 |
| 0499999 Subtotals | 7,246,535 | 272,441 | 46,047 | 3,837 | 26,859 | 7,595,719 |
| 0599999 Unreported claims and other claim reserves | | | | | | 92,453,447 |
| 0699999 Total amounts withheld | | | | | | |
| 0799999 Total claims unpaid | | | | | | 100,049,166 |
| 0899999 Accrued medical incentive pool and bonus amounts | | | | | | 279,260 |

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| ANALYSIS OF CLAIMS UNPAID - PRIO | | | | | | |
|---|-----------------------|-----------------|---------------|-----------------|---|-----------------|
| | Claims Paid Liability | | | | 5 | 6 |
| | Year to | | End of Curre | ent Quarter | | |
| | 1 | 2 | 3 | 4 | | |
| | | | | | | Estimated Claim |
| | On | | On | | | Reserve and |
| | Claims Incurred Prior | On | Claims Unpaid | On | Claims Incurred in | Claim Liability |
| | to January 1 of | Claims Incurred | Dec. 31 | Claims Incurred | Prior Years | December 31 of |
| Line of Business | Current Year | During the Year | of Prior Year | During the Year | (Columns 1 + 3) | Prior Year |
| 20 0. 200000 | ourone rous | zamig mo roa | 0.1.1.0 | 2 ag | (00000000000000000000000000000000000000 | |
| | | | | | | |
| Comprehensive (hospital and medical) | 55,660,051 | 99,350,265 | 7,628,998 | 65,854,108 | 63,289,049 | 60,361,970 |
| | | | | | | |
| | 0 004 405 | | | | 0 -01 00- | |
| 2. Medicare Supplement | 9,094,135 | 4,291,617 | 440,552 | 6,405,133 | 9,534,687 | 9,695,842 |
| | | | | | | |
| 3. Dental Only | 169,341 | 592,061 | 39,321 | 308,665 | 208,662 | 229,917 |
| 3. Dental Only | 109,341 | | | | 200,002 | 229,911 |
| | | | | | | |
| 4. Vision Only | 108,355 | 555,680 | 6,459 | 74 . 174 | 114,814 | 65,671 |
| 1. 1001 511, | 100,000 | | | | | |
| | | | | | | |
| 5. Federal Employees Health Benefits Plan | 15,045,400 | 24,359,518 | 1,704,341 | 16,282,052 | 16,749,741 | 16,883,766 |
| | , , | | | | , , | |
| | | | | | | |
| 6. Title XVIII - Medicare | 1,874,672 | 426,225 | 492,652 | 412,565 | 2,367,324 | 3,286,013 |
| | | | | | | |
| 7 Title XIX - Medicaid | | | | | 0 | 0 |
| / little XIX - Medicaid | | | | | U | 0 |
| | | | | | | |
| 8. Other health | 321,863 | (55,913) | | 573,400 | 321,863 | 347,612 |
| U. Other fleatiff | 021,000 | (00,010) | | | | |
| | | | | | | |
| 9. Health subtotal (Lines 1 to 8) | 82,273,817 | 129,519,453 | 10,312,323 | 89,910,097 | 92,586,140 | 90,870,791 |
| | , , , | , , , | , , , [| , , - | , , | , , - |
| | | | | | | |
| 10. Healthcare receivables (a) | 5,304,213 | 3,839,967 | | | 5,304,213 | 0 |
| | | | | | | |
| 44 00 1 10 | | | | | _ | ^ |
| 11. Other non-health | | | | | 0 | 0 |
| | | | | | | |
| 12. Medical incentive pools and bonus amounts | 115,488 | 762,854 | | 279,260 | 115.488 | 115,488 |
| 12. Wedica incentive pools and bonus amounts. | 113,400 | 102,004 | | 210,200 | 110,400 | 113,400 |
| | | | | | | |
| 13. Totals (Lines 9-10+11+12) | 77,085,092 | 126,442,340 | 10,312,323 | 90,189,357 | 87,397,415 | 90,986,279 |

⁽a) Excludes \$ loans or advances to providers not yet expensed.

For purposes of the quarterly interim financial information, it is presumed that the users of the interim financial information have read or have access to the Annual Statement as of December 31, 2013. This presentation addresses only significant events occurring since the last Annual Statement.

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of Anthem Health Plans of Maine, Inc. (the "Company") have been prepared in conformity with the National Association of Insurance Commissioners' ("NAIC") *Annual Statement Instructions* and in accordance with accounting practices prescribed by the NAIC *Accounting Practices and Procedures Manual* ("NAIC SAP"), subject to any deviations prescribed or permitted by the Maine Bureau of Insurance (the "Bureau").

For the three months ended March 31, 2014 and the year ended December 31, 2013, there were no differences between the Company's statutory-basis capital and surplus or net income under NAIC SAP and practices prescribed or permitted by the Bureau.

B. Use of Estimates in the Preparation of the Financial Statements

There were no significant changes for the three months ended March 31, 2014.

C. Accounting Policy

There were no significant changes for the three months ended March 31, 2014.

2. Accounting Changes and Corrections of Errors

There were no significant changes for the three months ended March 31, 2014.

3. Business Combinations and Goodwill

There were no significant changes for the three months ended March 31, 2014.

4. Discontinued Operations

There were no significant changes for the three months ended March 31, 2014.

5. Investments

A. - C.

There were no significant changes for the three months ended March 31, 2014.

D. Loan-Backed Securities

- (1) Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from broker-dealer survey values or internal estimates. The Company used various third-party pricing sources in determining the market value of its loan-backed securities.
- (2) The Company did not recognize other-than-temporary impairments on its loan-backed securities during the three months ended March 31, 2014.
- (3) The Company did not hold other-than-temporarily impaired loan-backed securities at March 31, 2014.
- (4) The Company had no impaired securities for which an other-than-temporary impairment had not been recognized in earnings as a realized loss at March 31, 2014.
- (5) The Company had no impaired loan-backed securities at March 31, 2014.

E. – H.

There were no significant changes for the three months ended March 31, 2014.

I. Working Capital Finance Investments

Not applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

There were no significant changes for the three months ended March 31, 2014.

7. Investment Income

There were no significant changes for the three months ended March 31, 2014.

8. Derivative Instruments

There were no significant changes for the three months ended March 31, 2014.

9. Income Taxes

There were no significant changes for the three months ended March 31, 2014.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

There were no significant changes for the three months ended March 31, 2014.

11. Debt

A. Debt, Including Capital Notes

The Company had no debt, including capital notes, outstanding at March 31, 2014.

B. FHLB (Federal Home Loan Bank) Arrangements

The Company had no FHLB agreements outstanding at March 31, 2014.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

There were no significant changes for the three months ended March 31, 2014.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

There were no significant changes for the three months ended March 31, 2014.

14. Contingencies

There were no significant changes for the three months ended March 31, 2014.

15. Leases

There were no significant changes for the three months ended March 31, 2014.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

There were no significant changes for the three months ended March 31, 2014.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not applicable at March 31, 2014.

B. Transfer and Servicing of Financial Assets

There were no significant changes for the three months ended March 31, 2014.

C. Wash Sales

- (1) In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.
- (2) At March 31, 2014, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

There were no significant changes for the three months ended March 31, 2014.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

There were no significant changes for the three months ended March 31, 2014.

20. Fair Value Measurements

- A. At March 31, 2014, the Company did not have any assets or liabilities measured at fair value.
- B. Not applicable.

C.

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | Practicable ying Value) |
|---------------------------------|-------------------------|--------------------|-----------------|----------------|-----------|-----------------------------|
| Bonds Short-term Investments | \$ 202,229,951 | \$ 198,285,647 | \$ 173,681 | \$ 202,056,270 | \$ - | \$ - |
| and Money Market Funds | 1,181,571 | 1,181,571 | 1,181,571 | - | - | - |
| | \$ 203,411,522 | \$ 199,467,218 | \$ 1,355,252 | \$ 202,056,270 | \$ - | \$ - |

D. Not Applicable.

21. Other Items

A. – I. There were no significant changes for the three months ended March 31, 2014.

J. Risk Sharing Provisions of the Affordable Care Act

(1) Impact of Risk Sharing Provisions of the Affordable Care Act on Assets, Liabilities, and Revenue for the Current Year. Asset balances shall reflect admitted asset balances.

| a. | Permanent Assets | t ACA Risk Adjustment Program | | | | | | | |
|----|---------------------|---|-----------------|-------------|--|--|--|--|--|
| | 1. | Premium adjustments receivable due to ACA Risk Adjustment | \$ | | | | | | |
| | Liabilities | Fremium adjustments receivable due to ACA Nisk Adjustment | Ψ_ | - | | | | | |
| | 2. | Risk adjustment user fees payable for ACA Risk Adjustment | \$ | 1,291 | | | | | |
| | 2. 3. | | Ψ_ | 1,231 | | | | | |
| | | Premium adjustments payable due to ACA Risk Adjustment (Revenue & Expense) | | | | | | | |
| | Operations 4. | Reported as revenue in premium for accident and health | | | | | | | |
| | 4. | contracts (written/collected) due to ACA Risk Adjustment | \$ | | | | | | |
| | 5. | Reported in expenses as ACA risk adjustment user fees | Ψ_ | - | | | | | |
| | ე. | (incurred/paid) | \$ | 1,291 | | | | | |
| h | Transitions | | φ_ | 1,291 | | | | | |
| b. | | al ACA Reinsurance Program | | | | | | | |
| | Assets 1. | Amounts recoverable for claims paid due to ACA Reinsurance | ¢ | | | | | | |
| | 2. | Amounts recoverable for claims unpaid due to ACA Reinsurance | <u>\$</u> \$ | | | | | | |
| | 2. 3. | | Φ | <u> </u> | | | | | |
| | ა. | Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance | \$ | | | | | | |
| | l (abilitiaa | contributions for ACA Reinstrance | φ | <u>-</u> | | | | | |
| | Liabilities | Claims unneid anded due to ACA Beingurance | ¢ | 627 600 | | | | | |
| | 4. | Claims unpaid - ceded due to ACA Reinsurance | \$ | 637,698 | | | | | |
| | 5. | Liabilities for contributions payable due to ACA Reinsurance | ¢ | 0.256.472 | | | | | |
| | • | - not reported as ceded premium | <u>\$</u> \$ | 2,356,473 | | | | | |
| | 6. | Ceded reinsurance premiums payable due to ACA Reinsurance | <u> </u> | 242,843 | | | | | |
| | 7. | Liability for amounts held under uninsured plans contributions | ¢ | | | | | | |
| | 0 | for ACA Reinsurance | \$ | - | | | | | |
| | | (Revenue & Expense) | ¢ | (040.040) | | | | | |
| | 8. | Ceded reinsurance premiums due to ACA Reinsurance | \$ | (242,843) | | | | | |
| | 9. | Reinsurance recoveries (income statement) due to ACA | • | | | | | | |
| | 40 | Reinsurance payments or expected payments | \$ | - 0.050.470 | | | | | |
| | 10. | ACA Reinsurance contributions - not reported as ceded premium | \$ | 2,356,473 | | | | | |
| C. | | Temporary ACA Risk Corridors Program | | | | | | | |
| | Assets | A construction of the construction of the AOA Bill On the | • | | | | | | |
| | 1. | Accrued retrospective premium due to ACA Risk Corridors | \$ | - | | | | | |
| | Liabilities | | | | | | | | |
| | 2. | Reserve for rate credits or policy experience rating refunds due | • | | | | | | |
| | | to ACA Risk Corridors | \$ | - | | | | | |
| | | (Revenue & Expense) | | | | | | | |
| | 3. | Effect of ACA Risk Corridors on net premium income | • | | | | | | |
| | | (paid/received) | \$ | - | | | | | |
| | 4. | Effect of ACA Risk Corridors on change in reserves for rate | _ | | | | | | |
| | | credits | \$ | - | | | | | |

22. Events Subsequent

Subsequent events have been considered through May 13, 2014, for the statutory statement issued on May 14, 2014. There are no events occurring subsequent to March 31, 2014 requiring disclosure.

23. Reinsurance

There were no significant changes for the three months ended March 31, 2014.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

There were no significant changes for the three months ended March 31, 2014.

25. Change in Incurred Claims and Claims Adjustment Expenses

The estimated cost of claims and claims adjustment expenses attributable to insured events of the prior year decreased by \$2,980,033 for the three months ended March 31, 2014. This is approximately 3.2% of unpaid claims and unpaid claims adjustment expenses of \$93,126,641 as of December 31, 2013. The redundancy reflects the decreases in estimated claims and claims adjustment expenses as a result of claims payments during the year, and as additional information is received regarding claims incurred prior to 2014. Recent claim development trends are also taken into account in evaluating the overall adequacy of unpaid claims and unpaid claims adjustment expenses.

26. Intercompany Pooling Arrangements

There were no significant changes for the three months ended March 31, 2014.

27. Structured Settlements

There were no significant changes for the three months ended March 31, 2014.

28. Health Care Receivables

There were no significant changes for the three months ended March 31, 2014.

29. Participating Policies

There were no significant changes for the three months ended March 31, 2014.

30. Premium Deficiency Reserves

At March 31, 2013, the Company recorded premium deficiency reserves of \$227,321 related to the Medicare Advantage line of business. At December 31, 2013, the Company did not record a premium deficiency reserve.

| (1) | Liability carried for premium deficiency reserves | \$ 227,321 |
|-----|--|------------|
| (2) | Date of the most recent evaluation of this liability | 03/31/2014 |
| (3) | Was anticipated investment income utilized in the calculation? | Yes No X |

31. Anticipated Salvage and Subrogation

There were no significant changes for the three months ended March 31, 2014.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

| 1.1 | Did the reporting entity experience any material transactions requiring the fi Domicile, as required by the Model Act? | | | Yes [|] | No [X |] |
|------------|---|---|--|----------------|-------|--------|-------|
| 1.2 | If yes, has the report been filed with the domiciliary state? | | | Yes [|] | No [|] |
| 2.1 | Has any change been made during the year of this statement in the charter reporting entity? | | | Yes [|] | No [X |] |
| 2.2 | If yes, date of change: | | | | | | |
| 3.1 | Is the reporting entity a member of an Insurance Holding Company System is an insurer? | | | | Х] | No [|] |
| 3.2 | Have there been any substantial changes in the organizational chart since t | the prior quarter end? | | Yes [|] | No [X |] |
| 3.3 | If the response to 3.2 is yes, provide a brief description of those changes. | | | | | | |
| 4.1 | Has the reporting entity been a party to a merger or consolidation during the | ne period covered by this statemen | 1? | Yes [|] | No [X |] |
| 4.2 | If yes, provide the name of the entity, NAIC Company Code, and state of do ceased to exist as a result of the merger or consolidation. | omicile (use two letter state abbrev | iation) for any entity that has | | | | |
| | 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile | | | | |
| 5. | If the reporting entity is subject to a management agreement, including third in-fact, or similar agreement, have there been any significant changes registryes, attach an explanation. | d-party administrator(s), managing arding the terms of the agreement | general agent(s), attorney- or principals involved? Yes | ; [] No | [X |] N/A | [] |
| 6.1 | State as of what date the latest financial examination of the reporting entity | was made or is being made. | | 12 | 2/31/ | 2013 | |
| 6.2 | State the as of date that the latest financial examination report became availate should be the date of the examined balance sheet and not the date the | | | | 2/31/ | 2010 | |
| 6.3 | State as of what date the latest financial examination report became availal the reporting entity. This is the release date or completion date of the example date). | mination report and not the date of | the examination (balance shee | t | 6/28/ | 2012 | |
| 6.4 6.5 | By what department or departments? State of Maine Bureau of Insurance Have all financial statement adjustments within the latest financial examina statement filed with Departments? | tion report been accounted for in a | subsequent financial | s [] No |] |] N/A | [X] |
| 6.6 | Have all of the recommendations within the latest financial examination rep | | | | | | |
| 7.1 | Has this reporting entity had any Certificates of Authority, licenses or registr revoked by any governmental entity during the reporting period? | | | |] | No [X |] |
| 7.2 | If yes, give full information: | | | | | | |
| 8.1 | Is the company a subsidiary of a bank holding company regulated by the Fe | ederal Reserve Board? | | Yes [|] | No [X |] |
| 8.2 | If response to 8.1 is yes, please identify the name of the bank holding comp | pany. | | | | | |
| 8.3 | Is the company affiliated with one or more banks, thrifts or securities firms? | , | | Yes [|] | No [X |] |
| 8.4 | If response to 8.3 is yes, please provide below the names and location (city regulatory services agency [i.e. the Federal Reserve Board (FRB), the Offi Insurance Corporation (FDIC) and the Securities Exchange Commission (| ice of the Comptroller of the Curren | ncy (OCC), the Federal Deposit | | | | |
| | 1 Affiliate Name | 2 Location (City, State) | | 5 6 DIC SEC |) | | |
| | | | | | | | |

GENERAL INTERROGATORIES

| 9.1 | Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? | sonal and professional | Yes [X] No [] |
|--------------|--|--|---|
| 9.11 | If the response to 9.1 is No, please explain: | | |
| 9.2 9.21 | Has the code of ethics for senior managers been amended? | | Yes [] No [X] |
| 9.3 9.31 | Have any provisions of the code of ethics been waived for any of the specified officers? | | Yes [] No [X] |
| | FINANCIAL | | |
| 10.1 10.2 | Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement If yes, indicate any amounts receivable from parent included in the Page 2 amount: | | |
| | INVESTMENT | | |
| 11.1 11.2 | Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or ot use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto: | nerwise made available for | Yes [] No [X] |
| 12. | Amount of real estate and mortgages held in other invested assets in Schedule BA: | \$ | 0 |
| 13. | Amount of real estate and mortgages held in short-term investments: | | |
| 14.1 | Does the reporting entity have any investments in parent, subsidiaries and affiliates? | | Yes [] No [X] |
| 14.2 | If yes, please complete the following: | | |
| | | 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
| | Bonds | | \$0 |
| | Preferred Stock | | \$0 |
| | Common Stock | | \$0 |
| | Short-Term Investments | | \$0 |
| | Mortgage Loans on Real Estate | | \$0 \$0 |
| | Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | | \$0 |
| | Total Investment in Parent included in Lines 14.21 to 14.26 above | | \$0 |
| 15.1 15.2 | Has the reporting entity entered into any hedging transactions reported on Schedule DB? | | Yes [] No [X] Yes [] No [] |

GENERAL INTERROGATORIES

| 16. | | nding program, state the amount of the | • | | | |
|--------------|---|---|--|--|--|------------------|
| | 16.2 Total book ad | justed/carrying value of reinvested coll | ateral assets | reported on Sch | and 2nedule DL, Parts 1 and 2 | \$0 |
| 17. 17.1 | offices, vaults or safety deposit bo custodial agreement with a qualifie Outsourcing of Critical Functions, | xes, were all stocks, bonds and other sed bank or trust company in accordance | securities, ow ce with Section of the NAIC | ned throughout on 1, III - Genera Financial Condit | I Examination Considerations, F. ion Examiners Handbook? | |
| | Namo of | 1 Custodian(s) | | | 2 Custodian Address | |
| | Bank of New York Mellon Corporat | ion | New York, N | Υ | Sustodian Address | |
| 17.2 | For all agreements that do not complocation and a complete explanation | ply with the requirements of the NAIC Ion: | Financial Cor | ndition Examiner | s Handbook, provide the name, | |
| | 1 Name(s) | 2 Location(s) | | С | 3 Complete Explanation(s) | |
| 17.3 17.4 | Have there been any changes, inclu If yes, give full information relating t | | s) identified i | n 17.1 during the | e current quarter? | Yes [] No [X] |
| | 1 Old Custodian | 2 New Custodian | Dat | 3 e of Change | 4 Reason | |
| 17.5 | | kers/dealers or individuals acting on be ity to make investments on behalf of th | | | ave access to the investment accounts | , |
| | 1 Central Registration Depository | 2 Name(s) | | | 3 Address | |
| | | Dimensional Fund Advisors | | | CA | |
| | 1138/8 | McDonnell Investment Management, LL | .C | Uak Brook, IL | | |
| 18.1 18.2 | Have all the filing requirements of the If no, list exceptions: | ne Purposes and Procedures Manual c | of the NAIC S | Securities Valuati | on Office been followed? | Yes [X] No [] |

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

| | 1.1 A&H loss percent | |
|-----|---|------------------|
| | 1.2 A&H cost containment percent | 1.5 % |
| | 1.3 A&H expense percent excluding cost containment expenses | 13.9 % |
| 2.1 | Do you act as a custodian for health savings accounts? | Yes [] No [X] |
| 2.2 | If yes, please provide the amount of custodial funds held as of the reporting date | \$ |
| 2.3 | Do you act as an administrator for health savings accounts? | Yes [] No [X] |
| 2.4 | If yes, please provide the balance of the funds administered as of the reporting date | \$ |

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| | | Showing All New Reinsurar | ice Treaties | Current Yea | ar to Date | | |
|-------------------------|--------------|---|--------------|--|-------------------|----------------------|-----------|
| 1 | 2 | Showing All New Reinsurar 3 4 | 5 | 6 | 7 | 8 | 9 |
| | | | | | | | Effective |
| | | | | | | Certified | Date of |
| NAIC | | | | Type of | | Reinsurer | Certified |
| Company | ID | Effective | Domiciliary | Reinsurance | | Rating | Reinsurer |
| NAIC Company Code | ID Number | Effective Date Name of Reinsurer | Jurisdiction | Type of Reinsurance Ceded 0TH/1 | Type of Reinsurer | Rating (1 through 6) | Rating |
| | | Date Name of Heinsurer01/01/2014 Health and Human Services Transitional Reinsurance Program | US | OTH/I | Authorized | ` | |
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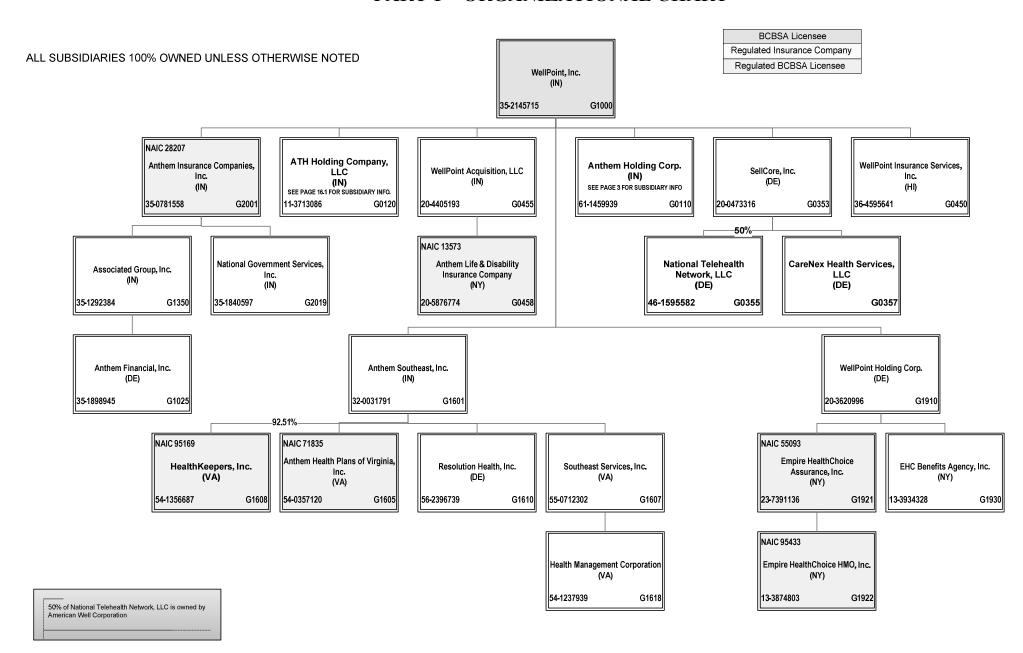
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

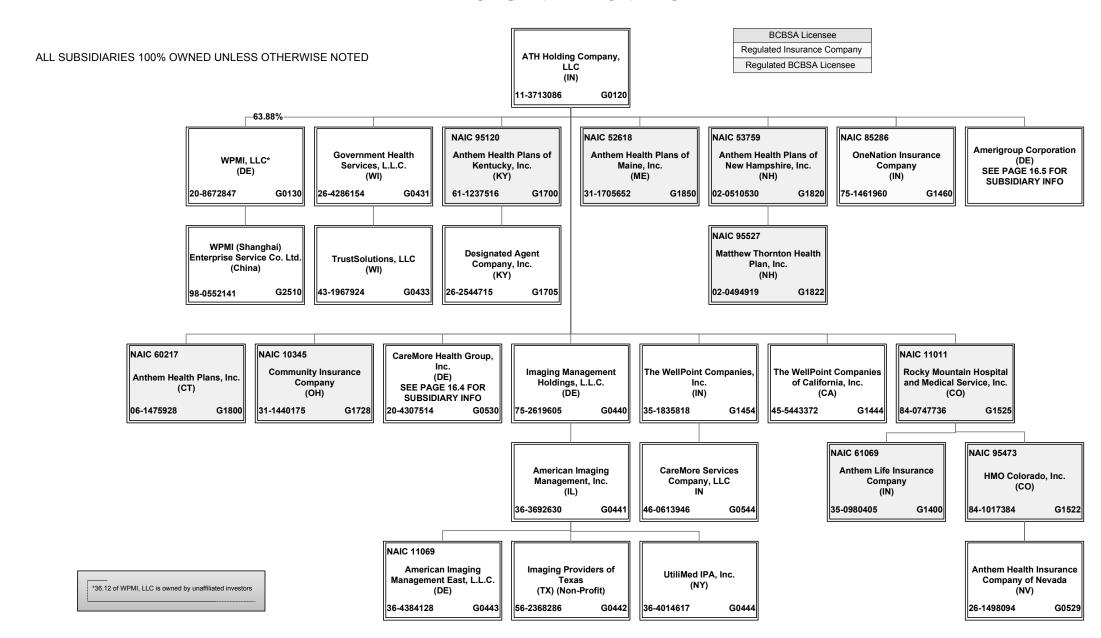
Current Year to Date - Allocated by States and Territories

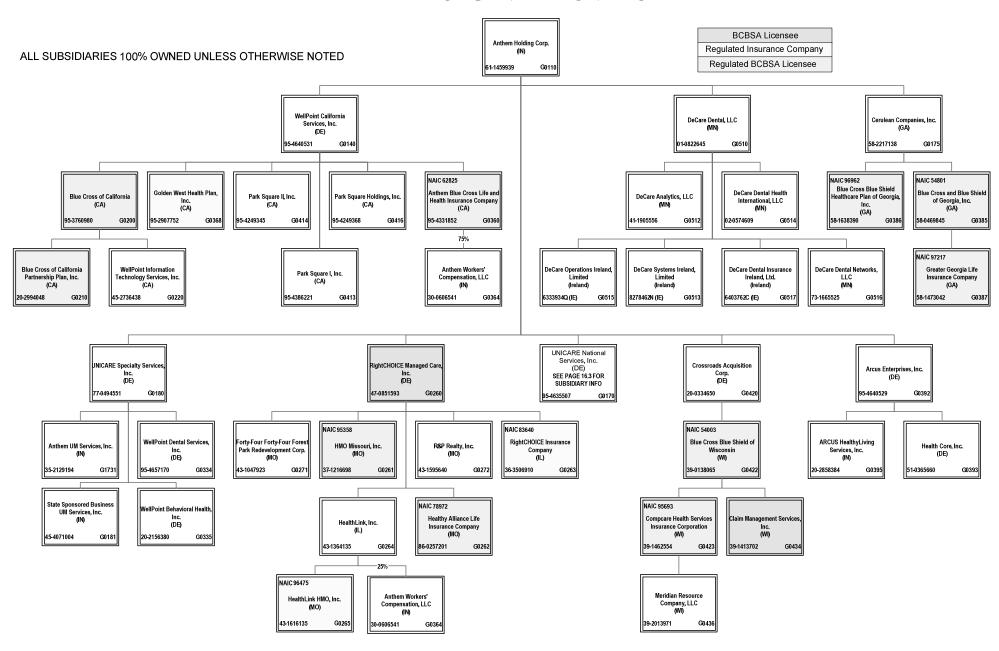
| | | | | Current Ye | ear to Date - A | llocated by S | ates and Ten | inos O-1 | | | |
|------------|---------------------------------------|---------|----------------|------------------|------------------|-----------------|----------------------|---------------------|-----------------|---------------------|--------------|
| | | | 1 | | 2 1 | A | | iness Only | 7 | 0 | |
| 1 | | | | 2 | 3 | 4 | 5 Foderal | 6 | 7 | 8 | 9 |
| | | | | | | | Federal Employees | Life and | | | |
| ĺ | | | | [| | | Employees Health | Life and Annuity | | | |
| Ì | | | | Accident and | | | Health Benefits | Premiums & | Property/ | Total |] |
| | | | Active | Health | Medicare | Medicaid | Program | Other | Casualty | Columns 2 | Deposit-Type |
| | States, etc. | | Status | Premiums | Title XVIII | Title XIX | Premiums | Considerations | Premiums | Through 7 | Contracts |
| 1. | Alabama | AL | N | | | | - | | - | 0 | |
| 2. | Alaska | | N | | | | | | | n | |
| | Arizona | | N | | | | | | | 0 | |
| | | | | † | | | | | | u | |
| 4. | Arkansas | | N | | | | | | | 0 | |
| 5. | | CA | N | | | | | | | ļ0 | |
| 6. | | - | N | | | | | | ļ | 0 | |
| 7. | Connecticut | CT | N | | | | | | | 0 | |
| 8. | Delaware | | N | ļ | | | | | | 0 | |
| 9. | District of Columbia . | DC | N | | | | | | | 0 | |
| | Florida | | N | | | | | | | n | |
| I | Georgia | | N | | | | | | | n | |
| | | | N | | | | | | | 0 | |
| l l | Hawaii | | | | | | | | | J | |
| 13. | Idaho | | N | | | | | | L | ļ0 | } |
| 14. | | IL | N | | | | | | | ļ0 | |
| 15. | Indiana | IN | N | ļ | | | | | | 0 | |
| 16. | lowa | IA | N | ļ | | | | | | 0 | |
| 17. | Kansas | KS | N | | | | | | | 0 | |
| | Kentucky | _ | N | | | | | | | n | |
| | Louisiana | | N | | | | | | | 0 | |
| | Maine | | I | 193 , 136 , 535 | 683,395 | | 44,311,374 | | | 238, 131, 304 | |
| | | | L | 130, 130, 333 | | | 44,011,3/4 | | · | | |
| | Maryland | | N | | | | | | | 0 | |
| I | Massachusetts | | N | | | | | | | ļ0 | |
| 23. | Michigan | MI | N | ļ | | | | | | 0 | |
| 24. | Minnesota | MN | N | ļ | | | | | | 0 | |
| 25. | Mississippi | MS | N | | | | | | | 0 | |
| | Missouri | | N | | | | | | | 0 | |
| | Montana | - | N | | | | | | | n | |
| 28. | Nebraska | | NN. | | | | | | | 0 | |
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| 29. | Nevada | | N | | | | | | | 0 | |
| | New Hampshire | | N | | | | | | | 0 | |
| | New Jersey | | N | | | | | | ļ | 0 | |
| I | New Mexico | | N | | | | | | | 0 | ļ |
| | New York | | N | | | | | | | 0 | |
| | North Carolina | | N | | | | | | | 0 | |
| | North Dakota | | N | | | | | | | 0 | |
| 36. | | OH | N | | | | | | | ۸ | |
| | Oklahoma | - | NN. | | | | | | | u | |
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| | Oregon | - | N | | | | | | | ļ0 | |
| | Pennsylvania | | N | | | | | | | 0 | |
| | Rhode Island | | N | | | | | | | 0 | |
| 41. | South Carolina | SC | N | | | | | | | 0 | |
| 42. | South Dakota | SD | N | | | | | | | 0 | |
| 43. | Tennessee | TN | N | | | | | | | 0 | |
| 44. | Texas | | N | | | | | | | n | |
| | Utah | | N | | | | | | | ۷ | |
| | | - | N | † | | | | | | u | |
| 46. | Vermont | | | | | | | | | ļū | |
| 47. | Virginia | | N | | | | | | | ļ0 | } |
| 48. | Washington | | N | | | | | | | 0 | |
| 49. | West Virginia | WV | N | | | | | | | 0 | |
| 50. | Wisconsin | WI | N | | | | | | | 0 | |
| 51. | Wyoming | WY | N | | | | | | | 0 | |
| | American Samoa | | N | | | | | | | 0 | |
| I | Guam | | N | | | | | | | 0 | |
| | Puerto Rico | | N | | | | | | | ۸ | |
| | | | N | | | | | | | | |
| | U.S. Virgin Islands | ۷I | N | | | | | | L | ļ | |
| 56. | Northern Mariana Islands | MD | N | | | | | | | 0 | |
| 67 | | | | † | | | | | | u | |
| | Canada | CAN | N | | | | | | | J | |
| 58. | Aggregate Other Aliens | ОТ | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. | Subtotal | | XXX | 193 , 136 , 535 | 683,395 | 0 | 44,311,374 | 0 | 0 | 238, 131, 304 | 0 |
| | Reporting Entity Contributions for En | nployee | ! | 130, 130, 333 | <u>,</u> 000,390 | υ | 44,311,3/4 | V | U | | U |
| | Benefit Plans | | XXX | | | | | | | 0 | |
| 61. | Totals (Direct Busine | | (a) 1 | 193, 136, 535 | 683,395 | 0 | 44,311,374 | 0 | 0 | 238,131,304 | 0 |
| | DETAILS OF WRITE | -INS | 1 | | | | | 1 | | |] |
| 58001. | | | XXX | | | | | | | | |
| 58002. | | | XXX | | | | | | | | |
| 58003. | | | XXX | | | | | | | | |
| | Summary of remaining | | XXX | | | | | | • | | |
| 55330. | write-ins for Line 58 f | | | | | | | | | | |
| | overflow page | | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. | Totals (Lines 58001 t | hrough | | | | | | | | | |
| | 58003 plus 58998)(Li | | | | | | | | | | |
| <u></u> | above) | | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (I) Licens | sed or Chartered - Licer | sed Ins | urance Carrier | or Domiciled BBG | : (B) Registered | - Non-domiciled | BBGs: (O) Quali | fied - Qualified or | Accredited Rein | euror: (E) Eligible | - Reporting |

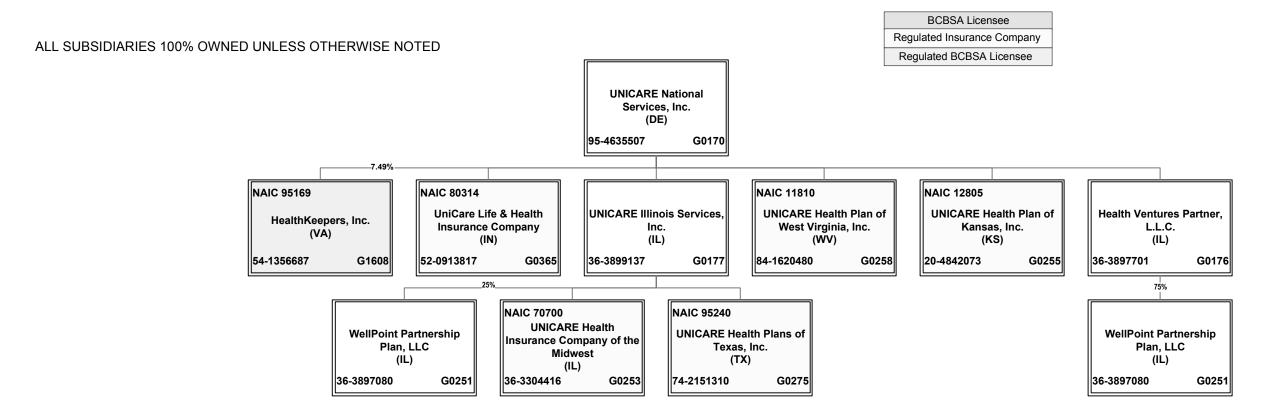
⁽a) Insert the number of L responses except for Canada and Other Alien.

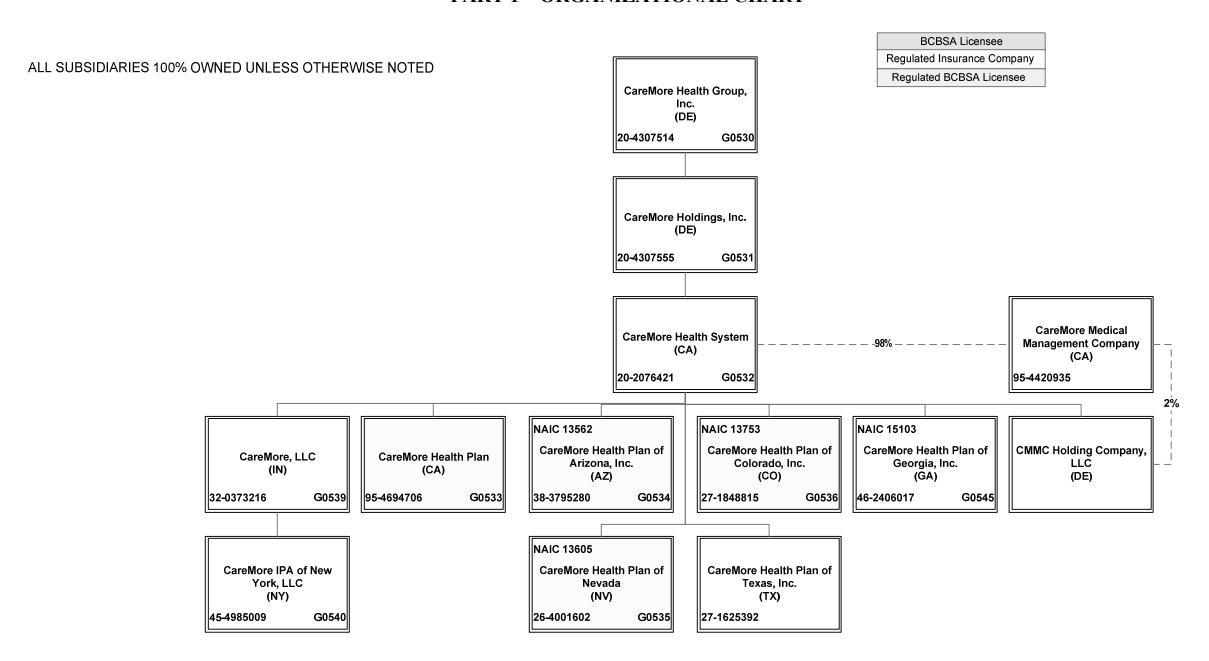
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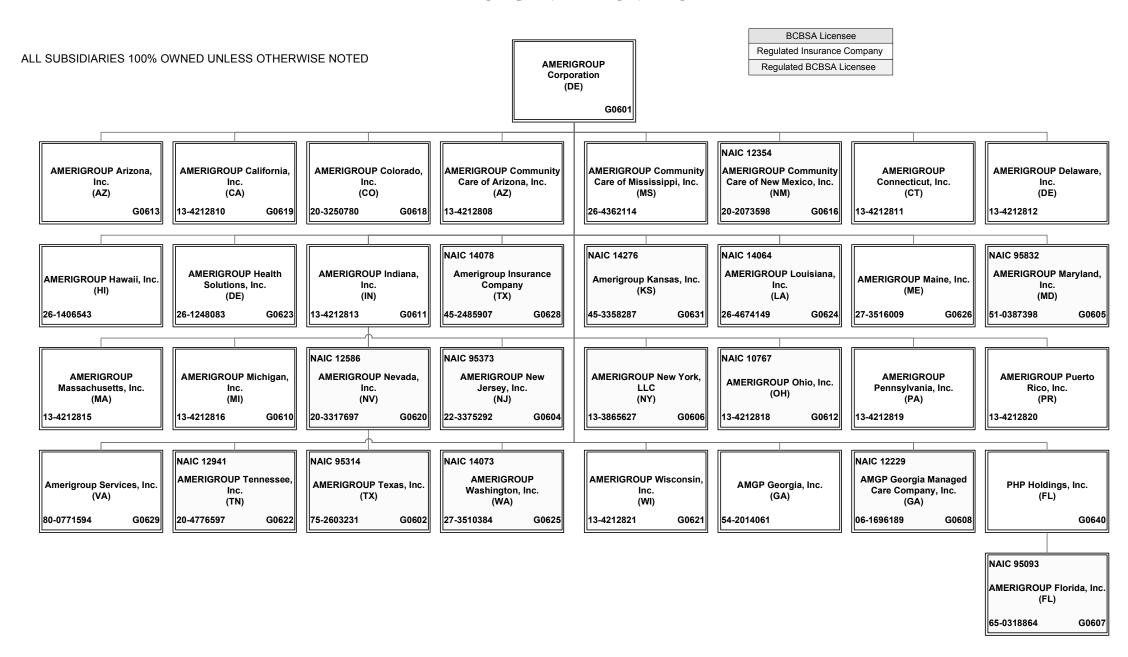






15.5

STATEMENT AS OF MARCH 31, 2014 OF THE Anthem Health Plans of Maine, Inc.



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| | | | | PAF | 11 I <i>A</i> | - DEIAIL | . OF INSURANCE | : п | ノレレニ | NG COMPANT | 3 | | | |
|----------|------------------|---------|----------------------------------|----------|---------------|--------------------|---|----------|------------|------------------------------------|-------------------|--------------|-----------------------|------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| | _ | | - | | | • | _ | | | | Type | If | | |
| | | | | | | | | | | | of Control | Control | | |
| | | | | | | | | | | | (Ownership, | is | | |
| | | | | | | Name of Securities | | | Relation- | | Board, | Owner- | | |
| | | | | | | Exchange | | Domi- | ship | | Management, | ship | | |
| | | NAIC | Federal | | | if Publicly Traded | Names of | ciliary | to | | Attorney-in-Fact, | Provide | | |
| Group | | Company | ID | Federal | | (U.Ś. or | Parent, Subsidiaries | Loca- | Reporting | Directly Controlled by | Influence, | Percen- | Ultimate Controlling | |
| Code | Group Name | Code | Number | RSSD | CIK | International) | Or Affiliates | tion | Entity | (Name of Entity/Person) | Other) | tage | Entity(ies)/Person(s) | * |
| 0671 | WellPoint, Inc. | 11069 | 36-4384128 . | | | | American Imaging Management East, LLC | DE | IA | American Imaging Management, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 36-3692630 . | | | | American Imaging Management, Inc. | IL | NIA | Imaging Management Holdings, L.L.C | Ownership | 100.000 | WellPoint, Inc | |
| 0671 | WellPoint, Inc. | | | | | | AMERIGROUP Arizona, Inc. | AZ | NIA | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | . 13-4212810 . | | | | AMERIGROUP California, Inc. | CA | NIA | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 20-3250780 . | | | | AMERIGROUP Colorado, Inc. | CO | NIA | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| | | | | | | | AMERIGROUP Community Care of Arizona, Inc. | | | | | | | |
| 0671 | WellPoint, Inc. | | 13-4212808 . | | | | | AZ | NIA | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| | | | | | | | AMERIGROUP Community Care of Mississippi, | | | | | | | |
| 0671 | WellPoint, Inc. | | 26-4362114 | | | | Inc | MS | NIA | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| | | 1 | | I | 1 | | AMERIGROUP Community Care of New Mexico, | | | | | | | |
| 0671 | WellPoint, Inc. | 12354 | 20-2073598 . | | | | Inc | NM | IA | AMERIGROUP Corporation | Ownership | | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 13-4212811 . | | | | AMERIGROUP Connecticut, Inc. | CT | NI A | AMERIGROUP Corporation | Ownership | | WellPoint, Inc. | |
| 0671 | .WellPoint, Inc | | | | | | AMERIGROUP Corporation | DE | NIA | ATH Holding Company, LLC | Ownership | 100.000 | .WellPoint, Inc | |
| 0671 | WellPoint, Inc. | | 13-4212812 . | | | | AMERIGROUP Delaware, Inc. | DE | NIA | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 65-0318864 . | | | | AMERIGROUP Florida, Inc. | FL | IA | PHP Holdings, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 26-1406543 . | | | | AMERIGROUP Hawaii, Inc. | HI | NIA | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc | |
| 0671 | WellPoint, Inc. | | 26-1248083 | | | | AMERIGROUP Health Solutions, Inc. | DE | NIA | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 13-4212813 . | | | | AMERIGROUP Indiana, Inc. | IN | NI A | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc | |
| 0671 | WellPoint, Inc. | 14078 | 45-2485907 . | | | | Amerigroup Insurance Company | TX | I A | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc | |
| 0671 | WellPoint, Inc. | 14276 | 45-3358287 . | | | | Amerigroup Kansas, Inc. | KS | I A | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc | |
| 0671 | .WellPoint, Inc | 14064 | 26-4674149 . | | | | AMERIGROUP Louisiana, Inc. | LA | IA | AMERIGROUP Corporation | Ownership | 100.000 | .WellPoint, Inc | |
| 0671 | WellPoint, Inc. | | 27-3516009 . | | | | AMERIGROUP Maine, Inc. | ME | NIA | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | 95832 | 51-0387398 . | | | | AMERIGROUP Maryland, Inc. | MD | I A | AMERIGROUP Corporation | Ownership | 100.000 | .WellPoint, Inc | |
| 0671 | WellPoint, Inc. | | 13-4212815 . | | | | AMERIGROUP Massachusetts, Inc. | MA | NIA | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 13-4212816 | | | | AMERIGROUP Michigan, Inc. | MI | NIA | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | .WellPoint, Inc | | 20-3317697 . | | | | AMERIGROUP Nevada, Inc. | NV | IA | AMERIGROUP Corporation | Ownership | 100.000 | .WellPoint, Inc | |
| 0671 | WellPoint, Inc. | 95373 | 22-3375292 . | | | | AMERIGROUP New Jersey, Inc | NJ | IA | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | .WellPoint, Inc. | | 13-3865627 . | | | | AMERIGROUP New York, LLC | NY | IA | AMERIGROUP Corporation | Ownership | 100.000 | .WellPoint, Inc | 0100 |
| 0671 | .WellPoint, Inc. | | 13-4212818 . | | | | AMERIGROUP Ohio, Inc. | OH | IA | AMERIGROUP Corporation | Ownership | 100.000 | . WellPoint, Inc. | |
| 0671 | .WellPoint, Inc. | | 13-4212819 . | | | | AMERIGROUP Pennsylvania, Inc. | PA | NIA | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | .WellPoint, Inc. | | 13-4212820 . | | | | AMERIGROUP Puerto Rico, Inc. | PR | NIA | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | 40044 | 80-0771594 . | | | | Amerigroup Services, Inc. | VA | NIA | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | 12941 | 20-4776597 | | | | AMERIGROUP Tennessee, Inc. | TN | IA | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | 95314 | 75-2603231 . | | | | AMERIGROUP Texas, Inc. | TX | IA | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 27-3510384 . | | | | AMERIGROUP Washington, Inc. | WA | IA | AMERICACUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 13-4212821 . | | | | AMERIGROUP Wisconsin, Inc. | WI | NIA | AMERICACUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | 12229 | . 54-2014061 . . 06-1696189 . | | | | AMGP Georgia, Inc | GA GA | NIA | AMERICROUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| 1 /00/ 1 | .WellPoint, Inc | 12229 | . 681 9691 -00 | | | | Anthem Blue Cross Life and Health | UA | IA | AMERIGROUP Corporation | Ownership | | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | 62825 | 95-4331852 | 1 | | | Insurance Company | CA | I A | WellPoint California Services, Inc | Ownership | 100.000 | WellPoint. Inc. | |
| 0671 | WellPoint, Inc. | | 35-4331632 | | | | Anthem Financial, Inc. | DE | NIA | Associated Group, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 26-1498094 | | | | Anthem Health Insurance Company of Nevada | NV | NIA NIA | HMO Colorado, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | 95120 | 61-1237516 | | | | Anthem Health Plans of Kentucky. Inc. | KY | IA | ATH Holding Company, LLC | Ownership | 100.000 | WellPoint Inc. | |
| 0671 | WellPoint, Inc. | 52618 | 31-1705652 | | | | Anthem Health Plans of Maine, Inc. | ME | RE | ATH Holding Company, LLC | Ownership | | WellPoint, Inc. | |
| 1 100 | III. III | 02010 | 01-1700002 | | | | Anthem Health Plans of New Hampshire, Inc. | mi | | Ann noturing company, LLC | omici 3111p | | | |
| 0671 | .WellPoint, Inc. | 53759 | 02-0510530 | 1 | | | michioni ricartii i rans or new mampsilire, ilic. | NH | IA | ATH Holding Company, LLC | Ownership | 100.000 | .WellPoint, Inc | |
| 0671 | WellPoint, Inc. | | 54-0357120 | 40003317 | | | Anthem Health Plans of Virginia, Inc. | VA | IA | Anthem Southeast, Inc. | Ownership. | 100.000 | WellPoint Inc. | |
| 0671 | WellPoint, Inc. | 60217 | 06-1475928 | 70000011 | | | Anthem Health Plans, Inc. | CT | IA | ATH Holding Company, LLC | Ownership | 100.000 | WellPoint Inc. | |
| 0671 | WellPoint, Inc. | 00217 | 61-1459939 | | | | Anthem Holding Corp. | U | NIA | WellPoint, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | 28207 | 35-0781558 | | | | Anthem Insurance Companies, Inc. | IN | IA | WellPoint, Inc. | Ownership | | WellPoint, Inc. | |
| 00/1 | 4 norm vint, mo | | 00 0101000 | | | | partition Hisurance companies, Inc. | 111 | | | viiil[19111b] | . 100.000 | | |

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| | | | | PAF | 11 1A-DE1 <i>1</i> | AIL OF INSURANCE | . 111 | JLDI | ING COMPAINT | O I O I E IVI | | | |
|--------------|-------------------|---------|---------------------------------------|---------|--------------------|--|----------|------------|---------------------------------------|-------------------|---------|-----------------------------------|------|
| 1 | 2 | 3 | 4 | 5 | 6 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| | | | | | | | | | | Type | If | | |
| | | | | | | | | | | of Control | Control | | |
| | | | | | | | | | | (Ownership, | is | | |
| | | | | | Name of Secu | ities | | Relation- | - | Board, | Owner- | | |
| | | | | | Exchange | | Domi- | ship | | Management, | ship | | |
| | | NAIC | Federal | | if Publicly Tra | | ciliary | to | | Attorney-in-Fact, | Provide | | |
| Group | | Company | ID | Federal | (U.S. or | Parent, Subsidiaries | Loca- | Reporting | | Influence, | Percen- | Ultimate Controlling | |
| Code | Group Name | Code | Number | RSSD | CIK Internationa | | tion | Entity | (Name of Entity/Person) | Other) | tage | Entity(ies)/Person(s) | * |
| | | | | | | Anthem Life & Disability Insurance Company | | | | | | | |
| 0671 | WellPoint, Inc. | 13573 | . 20-5876774 . | | | | NY | IA | WellPoint Acquisition, LLC | Ownership | | | |
| | | | | | | | | | Rocky Mountain Hospital and Medical | | | | |
| 0671 | .WellPoint, Inc | 61069 | . 35-0980405 . | | | Anthem Life Insurance Company | IN | IA | Service, Inc. | Ownership | 100.000 | WellPoint, Inc | |
| 0671 | .WellPoint, Inc | | 32-0031791 . | | | Anthem Southeast, Inc. | IN | NIA | WellPoint, Inc | Ownership | 100.000 | WellPoint, Inc | |
| 0671 | WellPoint, Inc. | | 35-2129194 . | | | Anthem UM Services, Inc. | IN | NIA | UNICARE Specialty Services, Inc | Ownership | 100.000 | WellPoint, Inc | |
| | | | | | | | | | Anthem Blue Cross Life and Health | | | | |
| 0671 | WellPoint, Inc. | | 30-0606541 . | | | Anthem Workers' Compensation, LLC | IN | NIA | Insurance Company | Ownership | 75.000 | . WellPoint, Inc | |
| 0671 | WellPoint, Inc. | | 30-0606541 . | | | Anthem_Workers' Compensation, LLC | IN | NIA | HealthLink, Inc. | Ownership | 25.000 | | |
| 0671 | WellPoint, Inc. | | 95-4640529 . | | | Arcus Enterprises, Inc. | DE | NIA | Anthem_Holding Corp. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | .WellPoint, Inc. | | 20-2858384 . | | | ARCUS HealthLiving Services, Inc. | IN | NIA | Arcus Enterprises, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 35-1292384 . | | | Associated Group, Inc. | IN | NIA | Anthem Insurance Companies, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | .WellPoint, Inc | | . 11-3713086 . | | | ATH Holding Company, LLC | IN | UDP | WellPoint, Inc | Ownership | 100.000 | WellPoint, Inc | |
| | | | | | | Blue Cross and Blue Shield of Georgia, | | | | | | | |
| 0671 | WellPoint, Inc. | 54801 | 58-0469845 . | | | Inc. | GA | IA | Cerulean Companies, Inc. | Ownership | 100.000 | WellPoint, Inc | |
| | | | | | | Blue Cross Blue Shield Healthcare Plan of | | | | | | | |
| 0671 | WellPoint, Inc. | | 58-1638390 | | | Georgia, Inc. | GA | IA | Cerulean Companies, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | 54003 | 39-0138065 . | | | Blue Cross Blue Shield of Wisconsin | WI | IA | Crossroads Acquisition Corp | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 95-3760980 . | | | Blue Cross of California | CA | IA | WellPoint California Services, Inc | Ownership | 100.000 | WellPoint, Inc | 0101 |
| | | | | | | Blue Cross of California Partnership Plan, | | | | | | | |
| 0671 | .WellPoint, Inc | | 20-2994048 . | | | | CA | IA | Blue Cross of California | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | .WellPoint, Inc. | | 20-4307514 . | | | CareMore Health Group, Inc. | DE | NI A | ATH Holding Company, LLC | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | .WellPoint, Inc. | | 95-4694706 . | | | CareMore Health Plan | CA | IA | CareMore Health System | Ownership | 100.000 | WellPoint, Inc. | 0103 |
| 0671 | .WellPoint, Inc. | 13562 | . 38-3795280 . | | | CareMore Health Plan of Arizona, Inc. | AZ | IA | CareMore Health System | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 27-1848815 . | | | CareMore Health Plan of Colorado, Inc. | CO | IA | CareMore Health System | Ownership | | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 46-2406017 . | | | CareMore Health Plan of Georgia, Inc | GA | NIA | CareMore Health System | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | .WellPoint, Inc. | 13605 | 26-4001602 . | | | CareMore Health Plan of Nevada | NV | IA | CareMore Health System | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | .WellPoint, Inc. | | 27-1625392 . | | | CareMore Health Plan of Texas, Inc. | TX | NIA | CareMore Health System | Ownership | 100.000 | WellPoint, Inc | |
| 0671 | .WellPoint, Inc. | | 20-4307555 . | | | CareMore Holdings, Inc. | DE | NIA | CareMore Health Group, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | .WellPoint, Inc. | | 45-4985009 . | | | CareMore IPA of New York, LLC | NY | NIA | CareMore, LLC | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 32-0373216 . | | | CareMore, LLC | IN | NIA | CareMore Health System | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 20-2076421 . | | | CareMore Health System | CA | NIA | CareMore Holdings, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 95-4420935 ₋ 95-4420935 | | | CareMore Medical Management Company | CA | NIA | CareMore Health System | Ownership | 98.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 95-4420935 . | | | CareMore Medical Management Company | CA DE | NIA | CMMC Holding Company, LLC | Ownership | 2.000 | . WellPoint, Inc | |
| 0671 | WellPoint, Inc. | | 58-2217138 | | | CareNex Health Services, LLC | | NIA | SellCore, Inc. | | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | . 58-221/138 . . 39-1413702 . | | | Cerulean Companies, Inc. | GA | NIA | Anthem Holding Corp | Ownership | 100.000 | WellPoint, Inc WellPoint. Inc. | |
| 0671 | WellPoint, Inc. | | . 39-1413/02 . | | | Claim Management Services, Inc. | WI DE | NIA NIA | CareMore Health System | Ownership | 100.000 | WellPoint, Inc | |
| 06/1 0671 | .WellPoint, Inc | | 31-1440175 . | | | CMMC Holding Company, LLC | DE | NIA IA | ATH Holding Company, LLC | Ownership | 100.000 | WellPoint, Inc | |
| 1 / 00/ 1 | . wellPoint, inc. | 10345 | 31-14401/5. | | | Community Insurance Company | ∪⊓ | IA | AIR HOIGING COMPANY, LLC | Owner sn rp | 100.000 | wellPoint, inc. | |
| 0671 | WollPoint Inc | 95693 | 39-1462554 | 1 | | Comporation | WI | IA | Blue Cross Blue Shield of Wisconsin | Ownership | 100.000 | WellPoint. Inc. | |
| 0671 | WellPoint, Inc. | | 20-0334650 | | | Crossroads Acquisition Corp. | DE | NIA | Anthem Holding Corp. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 41-1905556 | | | DeCare Analytics. LLC | MN | NIA NIA | DeCare Dental. LLC | Ownership | 100.000 | WellPoint, Inc. | |
| 06/1 0671 | WellPoint, Inc. | | . 41-1905556 . . 02-0574609 . | | | DeCare Analytics, LLC | MN | NIA NIA | DeCare Dental, LLC | Ownership | | WellPoint, Inc | |
| 06/1 0671 | WellPoint, Inc. | | . 02-05/4609 . | | | | IRL | NIA | DeCare Dental, LLC | Ownership | 100.000 | WellPoint, Inc | |
| 0671 | WellPoint, Inc. | | 73–1665525 | | | DeCare Dental Insurance Ireland, Ltd DeCare Dental Networks. LLC | MN | NIA | DeCare Dental, LLC | Ownership | | WellPoint, Inc | |
| 0671 | WellPoint, Inc. | | 01-0822645 | | | Decare Dental Networks, LLC | MN MN | NIA NIA | Anthem Holding Corp. | Ownership | | WellPoint, Inc | |
| 0671 | WellPoint, Inc. | | 01-0022045 . | | | DeCare Operations Ireland, Limited | MN | NIA NIA | DeCare Dental, LLC | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | | | | Decare Operations Tretand, Limited | IRL | NIA | DeCare Dental, LLC | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 26-2544715 . | | | Designated Agent Company, Inc. | KY | NIA | Anthem Health Plans of Kentucky, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | | | 13-3934328 | | | | NY | NIA | | Ownership | 100.000 | WellPoint, Inc. | |
| ו/סע | WellPoint, Inc. | | _ IJ-JYJ4J28 . | | | EHC Benefits Agency, Inc. | . J IN Y | A I VI | WellPoint Holding Corp | Uwiler Stilp | 00.000 | | |

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| | | | | PAF | ii iA | - DE I AIL | . OF INSURANCE | : п(| ノレレニ | NG COMPANT 3 | TO I EIVI | | | |
|-------|-------------------|---------|------------------------------|---------|-------|--------------------|--|----------|-----------|--|-------------------|----------|-------------------|--------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| | _ | | | Ŭ | Ü | , | ŭ | ~ | 10 | | Type | If | | 1.0 |
| | | | | | | | | | | | of Control | Control | | |
| | | | | | | | | | | | (Ownership, | is | | |
| | | | | | | Name of Securities | | | Relation- | | Board. | Owner- | | |
| | | | | | | Exchange | | Domi- | ship | | Management, | ship | | |
| | | NAIC | Federal | | | if Publicly Traded | Names of | ciliary | to | | Attorney-in-Fact, | Provide | | |
| Group | | Company | ID | Federal | | (U.S. or | Parent, Subsidiaries | Loca- | Reporting | Directly Controlled by | Influence, | Percen- | Ultimate Contro | olling |
| Code | Group Name | Code | Number | RSSD | CIK | International) | Or Affiliates | tion | Entity | (Name of Entity/Person) | Other) | tage | Entity(ies)/Perso | |
| 0671 | WellPoint, Inc. | 55093 | 23-7391136 . | | | | Empire HealthChoice Assurance, Inc. | NY | IA | WellPoint Holding Corp | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | 95433 | 13-3874803 . | | | | Empire HealthChoice HMO, Inc. | NY | IA | Empire HealthChoice Assurance, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| | | | | | | | Forty-Four Forty-Four Forest Park | | | | | | | |
| 0671 | WellPoint, Inc. | | 43-1047923 . | | | | Redevelopment Corp. | MO | NIA | RightCHOICE Managed Care, Inc | Ownership | 100.000 | | |
| 0671 | WellPoint, Inc. | | 95-2907752 . | | | | Golden West Health Plan, Inc. | CA | IA | WellPoint California Services, Inc | Ownership | 100.000 | | |
| 0671 | WellPoint, Inc. | | 26-4286154 . | | | | Government Health Services, LLC | WI | NIA | ATH Holding Company, LLC | Ownership | 100.000 | | |
| | | | | | | | | | | Blue Cross and Blue Shield of Georgia, | | | | |
| 0671 | WellPoint, Inc. | | 58-1473042 . | | | | Greater Georgia Life Insurance Company | GA | IA | Inc | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 51-0365660 | | | | Health Core, Inc. | DE | NIA | Arcus Enterprises, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 54-1237939 . | | | | Health Management Corporation | VA | NIA | Southeast Services, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | .WellPoint, Inc. | | 36-3897701 . | | | | Health Ventures Partner, L.L.C. | IL | NIA | UNICARE National Services, Inc. | Ownership | 100.000 | | |
| 0671 | .WellPoint, Inc. | 95169 | 54-1356687 . | | | | HealthKeepers, Inc. | VA | IA | Anthem Southeast, Inc. | Ownership | 92.510 | . WellPoint, Inc | |
| 0671 | .WellPoint, Inc. | 95169 | 54-1356687 . | | | | HealthKeepers, Inc. | VA | IA | UNICARE National Services, Inc. | Ownership | 7.490 | . WellPoint, Inc | |
| 0671 | .WellPoint, Inc. | 96475 | 43-1616135 . | | | | HealthLink HMO, Inc. | MO | IA | HealthLink, Inc. | Ownership | 100.000 | | |
| 0671 | .WellPoint, Inc. | 70070 | 43-1364135 . | | | | HealthLink, Inc. | IL | NIA | RightCHOICE Managed Care, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | 78972 | 86-0257201 _ | | | | Healthy Alliance Life Insurance Company | MO | IA | RightCHOICE Managed Care, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| | | 05.470 | | | | | | | | Rocky Mountain Hospital and Medical | | | | |
| 0671 | WellPoint, Inc. | 95473 | 84-1017384 . | | | | HMO Colorado, Inc. | 00 | IA | Service, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | 95358 | 37-1216698 . | | | | HMO Missouri, Inc. | MO DE | IA | RightCHOICE Managed Care, Inc. | Ownership | 100.000 | | |
| 0671 | . WellPoint, Inc. | | 75-2619605 . 56-2368286 . | | | | Imaging Management Holdings, L.L.C. | | NIA | ATH Holding Company, LLC | Ownership | 100.000 | WellPoint, Inc | |
| 0671 | WellPoint, Inc. | | 56-2368286 . | | | | Imaging Providers of Texas (non-profit) | ТХ | NIA | American Imaging Management, Inc | Ownership | 100.000 | wellPoint, inc. | |
| 0671 | WellPoint. Inc. | 95527 | 02-0494919 | | | | Matthew Thornton Health Plan. Inc. | NH | IA | Inc. | Ownership. | 100.000 | WellPoint, Inc. | |
| 00/1 | wellPoint, inc. | 95527 | 02-0494919 . | | | | matthew inornion Health Plan, Inc. | INП | IA | Compcare Health Services Insurance | _ ownersnip | 100.000 | wellPoint, inc. | |
| 0671 | WellPoint, Inc. | | 39-2013971 | | | | Meridian Resource Company, LLC | WI | NIA | Comporation | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 35-1840597 | | | | National Government Services, Inc. | IN | NIA | Anthem Insurance Companies, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 46-1595582 | | | | National Telehealth Network, LLC | DE | NIA | Sellcore. Inc. | Ownership. | 50.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 75-1461960 . | | | | OneNation Insurance Company | IN | IA | ATH Holding Company, LLC | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 95-4249368 | | | | Park Square Holdings, Inc. | CA | NIA | WellPoint California Services, Inc. | Ownership. | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 95-4386221 | | | | Park Square I, Inc. | CA | NIA | WellPoint California Services, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint Inc. | | 95-4249345 | | | | Park Square II, Inc. | CA | NIA | WellPoint California Services, Inc. | Ownership | .100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | | | | | PHP Holdings, Inc. | FL | NIA | AMERIGROUP Corporation | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 43-1595640 | | | | R & P Realty, Inc. | MO | NIA | RightCHOICE Managed Care, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 56-2396739 | | | | Resolution Health, Inc. | DE | NIA | Anthem Southeast, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | 83640 | 36-3506910 . | | | | RightCHOICE Insurance Company | IL | IA | RightCHOICE Managed Care, Inc | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 47-0851593 . | | | | RightCHOICE Managed Care, Inc. | DE | NIA | Anthem Holding Corp. | Ownership | 100.000 | WellPoint, Inc. | |
| | | | | | | | Rocky Mountain Hospital and Medical | | | | · | | | |
| 0671 | WellPoint, Inc. | 11011 | 84-0747736 . | | | | Service, Inc. | CO | IA | ATH Holding Company, LLC | Ownership | 100.000 | | |
| 0671 | WellPoint, Inc. | | 20-0473316 . | | | | SellCore, Inc. | DE | NIA | WellPoint, Inc. | Ownership | 100.000 | | |
| 0671 | WellPoint, Inc. | | 55-0712302 . | | | | Southeast Services, Inc. | VA | NIA | Anthem Southeast, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| | | | | | | | State Sponsored Business UM Services, Inc. | | | | | | | |
| 0671 | WellPoint, Inc. | | 45-4071004 . | | | | | IN | NIA | UNICARE Specialty Services, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 35-1835818 . | | | | The WellPoint Companies, Inc. | IN | NIA | ATH Holding Company, LLC | Ownership | 100.000 | | |
| | | 1 | | | | | The WellPoint Companies of California, | 1 | | | | | | |
| 0671 | .WellPoint, Inc. | | 45-5443372 . | | | | Inc. | CA | NIA | ATH Holding Company, LLC | Ownership | 100.000 | | |
| 0671 | .WellPoint, Inc | | 43-1967924 . | | | | TrustSolutions, LLC | WI | NIA | Government Health Services, LLC | Ownership | 100.000 | WellPoint, Inc | |
| | L | 70 | | | | | UNICARE Health Insurance Company of the | l | , . | | | | | |
| 0671 | .WellPoint, Inc. | 70700 | 36-3304416 . | | | | Midwest | IL | IA | UNICARE Illinois Services, Inc. | Ownership | 100.000 | WellPoint, Inc | |
| 0671 | WellPoint, Inc. | 12805 | 20-4842073 . | | | | UNICARE Health Plan of Kansas, Inc. | KS | IA | UNICARE National Services, Inc. | Ownership | 100.000 | | |
| 0074 | | 11010 | 04 4000465 | | | | UNICARE Health Plan of West Virginia, Inc. | 1107 | | INVOLED N. I | | 400 000 | | |
| 0671 | WellPoint, Inc. | 11810 | 84-1620480 . | | | | | WV | A. | UNICARE National Services, Inc. | Ownership | 100.000 | WellPoint, Inc. | |

SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|-------|-----------------|---------|----------------|---------|------|-------------------------|--|---------|-----------|-----------------------------------|-------------------|---------|-----------------------|------|
| | _ | | | | | , | | | . • | | Type | If | | .0 |
| | | | | | | | | | | | of Control | Control | | |
| | | | | | | | | | | | (Ownership, | is | | |
| | | | | | | Name of Securities | | | Relation- | | Board. | Owner- | | |
| | | | | | | Exchange | | Domi- | ship | | Management, | ship | | |
| | | NAIC | Federal | | | if Publicly Traded | Names of | ciliary | | | Attorney-in-Fact, | Provide | | |
| Group | | Company | ID | Federal | | (U.S. or | Parent, Subsidiaries | Loca- | Reporting | Directly Controlled by | Influence. | Percen- | Ultimate Controlling | |
| Code | Group Name | Code | Number | RSSD | CIK | International) | Or Affiliates | tion | Entity | (Name of Entity/Person) | Other) | tage | Entity(ies)/Person(s) | * |
| 0671 | WellPoint, Inc. | 95420 | 74-2151310 | 1.002 | 0 | micriacional) | UNICARE Health Plans of Texas, Inc. | TX | IA | UNICARE Illinois Services. Inc. | Ownership | | WellPoint Inc. | |
| 0671 | WellPoint, Inc. | | 36-3899137 | | | | UNICARE Illinois Services, Inc. | II | NIA | UNICARE National Services, Inc. | Ownership | | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | 80314 | 52-0913817 | | | | UNICARE Life & Health Insurance Company | IN | IA | UNICARE National Services, Inc. | Ownership | | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 95-4635507 | | | | UNICARE National Services, Inc. | DE | NIA | Anthem Holding Corp. | Ownership | | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 77-0494551 | | | | UNICARE Specialty Services, Inc. | DE | NIA | Anthem Holding Corp. | Ownership | | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 36-4014617 | | | | UtiliMED IPA, Inc. | NY | NIA | American Imaging Management, Inc. | Ownership | | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 20-4405193 | | | | WellPoint Acquisition, LLC | IN | NIA | WellPoint. Inc. | Ownership | | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 20-2156380 | | | | WellPoint Behavioral Health, Inc. | DE | NIA | UNICARE Specialty Services, Inc. | Ownership | | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 95-4640531 | | | | WellPoint California Services, Inc. | DE | NIA | Anthem Holding Corp. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 95-4657170 . | | | | WellPoint Dental Services, Inc. | DE | NIA | UNICARE Specialty Services, Inc. | Ownership | | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | 20-3620996 . | | | | WellPoint Holding Corp | DE | NIA | WellPoint, Inc. | Ownership | | WellPoint, Inc. | |
| | | | | | | | WellPoint Information Technology Services, | | | · | · | | | |
| 0671 | WellPoint, Inc. | | 45-2736438 . | | | | Inc. | CA | NIA | Blue Cross of California | Ownership | | .WellPoint, Inc | |
| 0671 | WellPoint, Inc. | | . 36-4595641 . | | | | WelPoint Insurance Services, Inc. | HI | NIA | WellPoint, Inc. | Ownership | 100.000 | WellPoint, Inc. | |
| 0671 | WellPoint, Inc. | | . 36-3897080 . | | | | WellPoint Partnership Plan, LLC | IL | NIA | Health Ventures Partner, L.L.C. | Ownership | 75.000 | WellPoint, Inc | |
| 0671 | WellPoint, Inc. | | . 36-3897080 . | | | | WellPoint Partnership Plan, LLC | IL | NIA | UNICARE Illinois Services, Inc. | Ownership | 25.000 | WellPoint, Inc. | |
| | | | | | | New York Stock Exchange | | | | | | | | |
| 0671 | WellPoint, Inc. | | . 35-2145715 . | | 6324 | (NYSE) | WellPoint, Inc. | IN | UIP | | | | WellPoint, Inc | |
| | | | | | | | WPMI (Shanghai) Enterprise Service Co. | | | | | | | |
| 0671 | WellPoint, Inc. | | . 98-0552141 . | | | | Ltd | CHN | NIA | WPMI, LLC | Ownership | | .WellPoint, Inc | |
| 0671 | WellPoint, Inc. | | . 20-8672847 . | | | | WPMI, LLC | DE | NIA | ATH Holding Company, LLC | Ownership | 63.880 | .WellPoint, Inc | 0106 |
| | | | | | | | | | | | | | | |

| Asterisk | Explanation |
|----------|---|
| | Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the New York State Department of Health. |
| | Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care. |
| 0102 | Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care. |
| 0103 | Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care. |
| 0104 | Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care. |
| 0105 | 50% owned by American Well Corporation |
| 0106 | 36.12% owned by unaffiliated investors |
| | |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| | | | Response |
|----|--|---------------------------|----------|
| 1. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the | NAIC with this statement? | NO |
| | Explanation: | | |
| 1. | | | |
| 1. | Bar Code: Medicare Part D Coverage Supplement [Document Identifier 365] | | |

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

| | | | Current Statement Date | | |
|-------|---|----------|------------------------|---------------------|-----------------|
| | | 1 | 2 | 3 | |
| | | | | Net Admitted Assets | Prior Year Net |
| | | Assets | Nonadmitted Assets | (Cols. 1 - 2) | Admitted Assets |
| 2504. | Miscellaneous Receivables | 114,123 | 4, 172 | 109,951 | 127,475 |
| 2505. | Prepaid Expenses | 275,022 | 275,022 | 0 | 0 |
| 2597. | Summary of remaining write-ins for Line 25 from overflow page | 389, 145 | 279, 194 | 109,951 | 127,475 |

| | | | Current Period | | |
|-------|---|-----------|----------------|-----------|-----------|
| | | 1 | 2 | 3 | 4 |
| | | Covered | Uncovered | Total | Total |
| 2304. | Other Liabilities | 1,405,558 | | 1,405,558 | 1,046,547 |
| 2305. | Performance Gaurantee Liability | 747,866 | | 747,866 | 710,091 |
| 2306. | Retroactivity Liability | 635,994 | | 635,994 | 564,528 |
| 2397. | Summary of remaining write-ins for Line 23 from overflow page | 2,789,418 | 0 | 2,789,418 | 2,321,166 |

SCHEDULE A - VERIFICATION

Real Estate

| | | 1 | 2 |
|-----|---|--------------|------------------|
| | | | Prior Year Ended |
| | | Year to Date | December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | 8,055,018 | 8,349,752 |
| 2. | Cost of acquired: | | |
| | 2.1 Actual cost at time of acquisition | 214,692 | 97,686 |
| | 2.2 Additional investment made after acquisition | | 0 |
| 3. | Current year change in encumbrances | | 0 |
| 4. | Total gain (loss) on disposals | | |
| 5. | Deduct amounts received on disposals | | |
| 6. | Total foreign exchange change in book/adjusted carrying value | | 0 |
| 7. | Deduct current year's other than temporary impairment recognized | | 0 |
| 8. | Deduct current year's depreciation | 98,031 | 392,420 |
| 9. | Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) | 8, 171,679 | 8,055,018 |
| 10. | Deduct total nonadmitted amounts | | 0 |
| 11. | Statement value at end of current period (Line 9 minus Line 10) | 8,171,679 | 8,055,018 |

SCHEDULE B - VERIFICATION

Mortgage Loans

| | Mortgage Loans | T . | 1 - |
|-----|---|--------------|------------------|
| | | 1 | 2 |
| | | | Prior Year Ended |
| | | Year to Date | December 31 |
| 1. | Book value/recorded investment excluding accrued interest, December 31 of prior year | - | |
| 2. | Cost of acquired: | | |
| | 2.1 Actual cost at time of acquisition | | |
| | 2.2 Additional investment made after acquisition | | |
| 3. | Capitalized deferred interest and other | | |
| 4. | Accrual of discount | | |
| 5. | Unrealized valuation increase (decrease) | | |
| 6. | Total gain (loss) on disposals | | |
| 7. | Deduct amounts received on disposals | | |
| 8. | Deduct amortization of premium and mortgage in a rest wint and commitment less | - | |
| 9. | Total foreign exchange change in book value/recorded in the herboxical foreign exchange change in book value/recorded in the herboxical foreign exchange change in book value/recorded in the herboxical foreign exchange change in book value/recorded in the herboxical foreign exchange change in book value/recorded in the herboxical foreign exchange change in book value/recorded in the herboxical foreign exchange in book value from the herboxical foreign exchange in the | | |
| 10. | Deduct current year's other than temporary impail nent recognized | | |
| 11. | Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | | |
| 12. | Total valuation allowance | | |
| 13. | Subtotal (Line 11 plus Line 12) | | |
| 14. | Deduct total nonadmitted amounts | | |
| 15. | Statement value at end of current period (Line 13 minus Line 14) | | |

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | Other Long-Term Invested Assets | | |
|-----|--|--------------|------------------|
| | | 1 | 2 |
| | | | Prior Year Ended |
| | | Year to Date | December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | 205,702 | 218,090 |
| 2. | Cost of acquired: | | |
| | 2.1 Actual cost at time of acquisition | | |
| | 2.2 Additional investment made after acquisition | | |
| 3. | Capitalized deferred interest and other | | 0 |
| 4. | Accrual of discount | | |
| 5. | Unrealized valuation increase (decrease) | | (12,388) |
| 6. | Total gain (loss) on disposals | | |
| 7. | Deduct amounts received on disposals | | |
| 8. | Deduct amortization of premium and depreciation | | |
| 9. | Total foreign exchange change in book/adjusted carrying value | | 0 |
| 10. | Deduct current year's other than temporary impairment recognized | | 0 |
| 11. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | 205,702 | 205,702 |
| 12. | Deduct total nonadmitted amounts | | |
| 13. | Statement value at end of current period (Line 11 minus Line 12) | 205,702 | 205,702 |

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | | 1 | 2 |
|-----|---|--------------|------------------|
| | | | Prior Year Ended |
| | | Year to Date | December 31 |
| 1. | Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 195,960,781 | 212,238,127 |
| 2. | Cost of bonds and stocks acquired | 18,701,024 | 54,787,412 |
| 3. | Accrual of discount | 24,747 | 93,392 |
| 4. | Unrealized valuation increase (decrease) | | (9,659) |
| 5. | Total gain (loss) on disposals | 108,526 | 2,060,930 |
| 6. | Deduct consideration for bonds and stocks disposed of | 15,971,478 | 70,907,942 |
| 7. | Deduct amortization of premium | 537,953 | 2,203,411 |
| 8. | Total foreign exchange change in book/adjusted carrying value | | |
| 9. | Deduct current year's other than temporary impairment recognized | | 98,068 |
| 10. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | | |
| 11. | Deduct total nonadmitted amounts | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 198,285,647 | 195,960,781 |

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation | | | | | | | | |
|--|--------------------|-----------------|-----------------|----------------------|--------------------|--------------------|--------------------|--------------------|
| | 1 Book/Adjusted | 2 | 3 | 4 | 5 Book/Adjusted | 6 Book/Adjusted | / Book/Adjusted | 8 Book/Adjusted |
| | Carrying Value | Acquisitions | Dispositions | Non-Trading Activity | Carrying Value | Carrying Value | Carrying Value | Carrying Value |
| | Beginning | During | During | During | End of | End of | End of | December 31 |
| NAIC Designation | of Current Quarter | Current Quarter | Current Quarter | Current Quarter | First Quarter | Second Quarter | Third Quarter | Prior Year |
| | | | | | | | | |
| | | | | | | | | |
| DONDO | | | | | | | | |
| BONDS | | | | | | | | |
| | | | | | | | | |
| | 100 010 071 | 00,000,000 | 10 000 150 | (010, 700) | 100 100 150 | 0 | 0 | 100 010 071 |
| 1. NAIC 1 (a) | | 22,088,069 | 19,922,159 | , , , | 132, 166, 159 | | 0 | 130,316,971 |
| 2. NAIC 2 (a) | | 0 | 0 | (196,484) | 67,301,059 | 0 | 0 | 67,497,543 |
| 3. NAIC 3 (a) | | | | | 0 | | | |
| 4. NAIC 4 (a) | | | | | 0 | | | |
| 5. NAIC 5 (a) | 0 | | | | 0 | | | |
| 6. NAIC 6 (a) | 0 | | | | 0 | | | |
| 7. Total Bonds | 197,814,514 | 22,088,069 | 19,922,159 | (513,206) | 199,467,218 | 0 | 0 | 197,814,514 |
| | | | | | | | | |
| | | | | | | | | |
| PREFERRED STOCK | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 8. NAIC 1 | 0 | | | | 0 | | | |
| 9. NAIC 2 | 0 | | | | 0 | | | |
| 10. NAIC 3 | | | | | 0 | | | |
| 11. NAIC 4 | | | | | 0 | | | |
| 12. NAIC 5 | | | | | 0 | | | |
| 13. NAIC 6 | | | | | 0 | | | |
| 14. Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds and Preferred Stock | 197,814,514 | 22,088,069 | 19,922,159 | (513,206) | 199,467,218 | 0 | 0 | 197,814,514 |
| 13. Total Bolids and Fielelled Stock | 137,014,314 | 22,000,000 | 10,022,100 | (313,200) | 100, 701, 210 | 1 | ı | 107,014,015 |

NAIC 4 \$; NAIC 5 \$......; NAIC 6 \$......

SCHEDULE DA - PART 1

Short-Term Investments

| | 1 Book/Adjusted Carrying Value | 2 Par Value | 3 Actual Cost | 4 Interest Collected Year-to-Date | 5 Paid for Accrued Interest Year-to-Date |
|----------------|--------------------------------------|----------------|------------------|-----------------------------------|---|
| 9199999 Totals | 1,181,571 | XXX | 1,181,571 | 10 | 0 |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | | 1 | 2 |
|-----|---|--------------|---------------------------------|
| | | Year To Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | 1,853,733 | 2,016,324 |
| 2. | Cost of short-term investments acquired | 3,387,045 | 53,883,227 |
| 3. | Accrual of discount | | |
| 4. | Unrealized valuation increase (decrease) | | |
| 5. | Total gain (loss) on disposals | | |
| 6. | Deduct consideration received on disposals | 4,059,207 | 54,045,818 |
| 7. | Deduct amortization of premium | | |
| 8. | Total foreign exchange change in book/adjusted carrying value | | |
| 9. | Deduct current year's other than temporary impairment recognized | | |
| 10. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 1,181,571 | 1,853,733 |
| 11. | Deduct total nonadmitted amounts | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 1,181,571 | 1,853,733 |

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards NONE

Schedule DB - Part B - Verification - Futures Contracts $N\ O\ N\ E$

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open NONE

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

Schedule E - Verification - Cash Equivalents $N\ O\ N\ E$

SCHEDULE A - PART 2

Showing All Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

| | · | | | NO WINDL Builing the Guntent Quarter | | | | |
|-------------------------|----------------|-------|--------------------|--------------------------------------|---------------------|---------------------------|--|---|
| 1 | | | 4 | 5 | 6 | 7 | 8 | 9 |
| | Location | | | | | | | |
| | 2 | 3 | | | | | | Additional |
| | | | | | | | Book/Adjusted | Investment |
| | | | Date | | Actual Cost at | Amount of | Carrying Value | Made After |
| Description of Property | City | State | Acquired | Name of Vendor | Time of Acquisition | Amount of Encumbrances | Book/Adjusted Carrying Value Less Encumbrances | Additional Investment Made After Acquisition |
| Boiler upgrade | South Portland | ME | 01/02/2014 Various | | 134,834 | | 132,587 | |
| Cooling tower install | South Portland | ME | | | 79,858 | | 78,527 | |
| Boiler upgrade | | | | | 214,692 | 0 | 211, 114 | 0 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | ļl- | | | |
| | | | | | ļl- | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 0399999 - Totals | | | | | 214,692 | 0 | 211,114 | 0 |

SCHEDULE A - PART 3

Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

| 1 | Location | on | 4 | 5 | 6 | 7 | | | Book/Adjusted | | | | | 15 | 16 | 17 | 18 | 19 | 20 |
|-------------------------|----------|-------|----------|-------------------|----------|------------|------------|--|---------------|-----------|--------------|-----------|--------------|----------|----------|----------|----------|-------------|----------|
| | 2 | 3 | | | | Expended | | 9 | 10 | 11 | 12 | 13 | | | | | | | |
| | | | | | | for | Book/ | | | | | Total | Book/ | | | | | Gross | |
| | | | | | | Additions, | Adjusted | | _ | | Total | Foreign | Adjusted | | | | | Income | |
| | | | | | | Permanent | Carrying | | Current | _ | Change in | Exchange | Carrying | | Foreign | | | Earned | _ |
| | | | | | | Improve- | Value Less | | Year's | Current | Book/ | Change in | Value Less | | Exchange | Realized | Total | Less | Taxes, |
| | | | | | | ments and | Encum- | Current | Other Than | Year's | Adjusted | Book/ | Encum- | Amounts | Gain | Gain | Gain | Interest | Repairs |
| | | | Discount | | A -41 | Changes | brances | Year's | | Change in | Carrying | Adjusted | brances | Received | (Loss) | (Loss) | (Loss) | Incurred on | |
| Description of Dreserts | 0'1 | 0 | Disposal | Name of Durchaser | Actual | in Encum- | Prior | Depre- | Impairment | Encum- | Value | Carrying | on | During | on | on | on | Encum- | Expenses |
| Description of Property | City | State | Date | Name of Purchaser | Cost | brances | Year | ciation | Recognized | rances | (11-9-10) | Value | Disposal | Year | Disposal | Disposal | Disposal | brances | Incurred |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | - | <u> </u> | - | | | | | | | | | | | | |
| | | | | | | | | ————————————————————————————————————— | | | | | | | + | | | † | t |
| | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | ļ | | | | | | | | łl |
| 0000000 T-4-I- | | | | | | | | | | | | | | | | | | | |
| 0399999 - Totals | | | | | | | | | | | | | | | | | | | |

Schedule B - Part 2 - Mortgage Loans Acquired NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid $N\ O\ N\ E$

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired \overline{N} \overline{O} \overline{N} \overline{E}

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid $N\ O\ N\ E$

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

| | | | OHOW All LO | ing-Term Bonds and Stock Acquired During the Current Quarter | | _ | | | |
|----------------|--|----------|---------------|--|-----------|-------------|------------|------------------|-------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | NAIC Desig- |
| | | | | | | | | | nation or |
| | | | | | Number of | | | Paid for Accrued | Market |
| CUSIP | | | Date | | Shares of | | | Interest and | Indicator |
| Identification | Description | Foreign | Acquired | Name of Vendor | Stock | Actual Cost | Par Value | Dividends | (a) |
| | BALTIMORE GAS AND ELECTRIC 3.350% 07/01/23 | | 03/13/2014 So | cotia Capital | | 988,630 | 1,000,000 | 7,165 | |
| 06406H-CS-6 | BANK OF NEW YORK SERIES 10YR 3.650% 02/04/24 | | 02/19/2014 Bo | ony/Barclays Capital Inc | | 1,013,000 | 1,000,000 | 2,028 | |
| | BRISTOL-MYERS SQUIBB CO 2.000% 08/01/22 | | 03/17/2014 HS | SBC Securities | | 910,740 | 1,000,000 | 2,722 | 1FE |
| | Cons Edison Co Of Ny 4.450% 06/15/20 | | | irst Tennessee Capital | | 1,102,880 | 1,000,000 | | 1FE |
| | EOG RESOURCES 2.625% 03/15/23 | | 01/15/2014 Sc | cotia Capital | | 924,320 | 1,000,000 | | 1FE |
| 452308-AT-6 | ILLINOIS TOOL WORKS 3.500% 03/01/24 | | 03/24/2014 Lo | oop Capital Markets | | | 1,000,000 | 3,111 | |
| 59156R-AX-6 | METLIFE 4.750% 02/08/21 | | 03/19/2014 Me | cDonald & Co. | | 1,114,550 | 1,000,000 | 6,069 | |
| 67021C-AG-2 | NSTAR ELECTRIC CO 2.375% 10/15/22 | | 02/11/2014 F | irst Union Capital Markets | | 930 , 440 | 1,000,000 | 7,851 | |
| | PEPSICO INC 2.750% 03/05/22 | | | ierpont Securities | | 972,140 | 1,000,000 | | 1FE |
| | PROCTER AND GAMBLE CO 3.100% 08/15/23 | | 03/12/2014 M | izuho Securities USA | | 1,281,059 | 1,300,000 | 3,582 | |
| 89233P-5T-9 | TOYOTA MOTOR CREDIT CORP MTN 3.300% 01/12/22 | | 03/26/2014 UE | BS Securities Inc | | 1,416,954 | 1,400,000 | 10 , 138 | |
| 91324P-CC-4 | UNITEDHEALTH GROUP INC 2.875% 03/15/23 | | | NY Capital Markets Inc, Rose | | 950,500 | 1,000,000 | | 1FE |
| 94974B-FC-9 | WELLS FARGO & COMPANY MTN 3.500% 03/08/22 | | | irst Union Capital Markets | | 1, 115, 441 | 1,090,000 | 1,378 | |
| | POTASH CORP 3.625% 03/15/24 | A | | ony/Barclays Capital Inc | | 987,940 | 1,000,000 | 2, 115 | |
| | ROYAL BANK OF CANADA 2.300% 07/20/16 | <u>A</u> | 03/26/2014 To | oronto Dominion Securities | | 1,032,950 | 1,000,000 | 4,536 | |
| | AUST & NZ BANKING GRP NY 1.450% 05/15/18 | F | | BC Dominion | | 1,961,340 | 2,000,000 | 10,956 | |
| | BNP PARIBAS Series MTN 2.450% 03/17/19 | F | 03/25/2014 Bo | ony/Barclays Capital Inc | | 998,420 | 1,000,000 | 749 | |
| | otal - Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | 18,701,024 | 18,790,000 | 84,688 | XXX |
| | - Bonds - Part 3 | | | | | 18,701,024 | 18,790,000 | 84,688 | XXX |
| | - Bonds - Part 5 | | | | | XXX | XXX | XXX | XXX |
| 8399999. Total | - Bonds | | | | | 18,701,024 | 18,790,000 | 84,688 | XXX |
| 8999997. Total | - Preferred Stocks - Part 3 | | | | | 0 | XXX | 0 | XXX |
| 8999998. Total | - Preferred Stocks - Part 5 | | | | | XXX | XXX | XXX | XXX |
| 8999999. Total | - Preferred Stocks | | | | | 0 | XXX | 0 | XXX |
| 9799997. Total | - Common Stocks - Part 3 | | | | | 0 | XXX | 0 | XXX |
| 9799998. Total | - Common Stocks - Part 5 | | | | | XXX | XXX | XXX | XXX |
| 9799999. Total | - Common Stocks | | | | | 0 | XXX | 0 | XXX |
| 9899999. Total | - Preferred and Common Stocks | <u> </u> | <u>-</u> | | · | 0 | XXX | 0 | XXX |
| 9999999 - Tota | als | | | | | 18,701,024 | XXX | 84,688 | XXX |

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

| | | | | | Snow All Lo | ng-Term Bo | onds and Stoo | ск бою, нео | ieemea or C | tnerwise | טוsposea וט | ט זכ buring ti | ne Current (| Quarter | | | | | | | |
|---------------|--|---------|-----------------|----------------------------------|-------------|-------------|---------------|-------------|-------------|------------|----------------------|----------------|---------------|-------------------|-------------|-----------|-----------|------------|-------------|----------------|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | CI | nange In Bo | ok/Adjusted | Carrying Valu | ue | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | |
| | | | | | | | | | | | | | Total | Total | | | | | | | NAIC |
| | | | | | | | | | | | | Current | Change in | Foreign | | | | | | | Desig- |
| | | | | | | | | | | | | Year's | | Exchange | Book/ | | | | Bond | | nation |
| | | | | | | | | | Prior Year | | Current | Other Than | | Change in | Adjusted | Foreign | | | Interest/ | Stated | or |
| | | | | | | | | | Book/ | Unrealized | | Temporary | | Book | Carrying | Exchange | Realized | | Stock | Con- | Market |
| CUSIP | | | | | Number of | | | | Adjusted | Valuation | | Impairment | | | Value at | Gain | Gain | Total Gain | Dividends | tractual | In- |
| Ident- | | For- | Disposal | Name | Shares of | Consid- | | Actual | Carrying | Increase/ | (Amor- tization)/ | Recog- | (11 + 12 - | /Adjusted | Disposal | (Loss) on | (Loss) on | (Loss) on | Received | Maturity | dicator |
| ification | Description | eian | Disposai | of Purchaser | Stock | eration | Par Value | Cost | Value | | , | | , · | Carrying Value | Disposal | Disposal | Disposal | | DuringYear | Date | |
| | PROVINCE OF BRITISH COLUMBIA 2.850% | eigii | Date | OI FUICIIASEI | SIUCK | eration | rai vaiue | COSI | value | (Decrease) | Accretion | nized | 13) | value | Date | Disposai | Disposai | Disposai | During real | Date | (a) |
| 110709-8W-5 | 06/15/15 | Δ | 03/12/2014 | .I P Morgan | | 1.238.556 | 1,200,000 | 1, 199, 340 | 1.199.796 | 0 | 29 | 0 | 29 | 0 | 1, 199, 825 | 0 | 38.731 | 38.731 | 8.740 | .06/15/2015 . | 1FE |
| | Subtotal - Bonds - All Other Governme | ents | 90/ 12/2014 | . To 1 morgan | | 1.238.556 | 1.200.000 | 1, 199, 340 | 1,199,796 | 0 | 29 | 0 | 29 | 0 | 1, 199, 825 | 0 | 38,731 | 38.731 | 8.740 | XXX | XXX |
| | ANHEUSER-BUSCH 0.800% 07/15/15 | 1 | 03/25/2014 | McDonald & Co. | | 1,004,200 | 1,000,000 | 1,103,040 | 1,1002,031 | 0 | (318) | 0 | (318) | 0 | 1,1001,713 | 0 | 2,487 | 2.487 | 5,622 | _07/15/2015 _ | |
| 000E01 Biii 0 | 7.000 077 107 10 | | 1.90/20/2014 1. | Piper Jaffray & Hopwood | | ,,004,200 | 1,000,000 | | | | (010) | | (010) | | 1,001,710 | | 2, 101 | 2,407 | , 0, 022 | | |
| 037833-AH-3 | APPLE COMPUTER INC 0.450% 05/03/16 | | 03/26/2014 | Inc | | 998,030 | 1,000,000 | 993,780 | 994,273 | 0 | 608 | 0 | 608 | ٥ | 994,881 | 0 | 3, 149 | 3, 149 | 1,850 | .05/03/2016 . | . 1FE |
| | BLACKROCK INC 5.000% 12/10/19 | | 03/25/2014 | Morgan Stanley | | 1, 131, 040 | 1,000,000 | 1, 153, 240 | 1, 124, 654 | 0 | (4,699) | 0 | (4,699) | 0 | 1, 119, 955 | 0 | 11,085 | 11,085 | 15,000 | 12/10/2019 . | . 1FE |
| | CATERPILLAR FINANCE SE SERIES MTN 1.100% | | | | | | | | | | | | | | | | | | | | |
| 14912L-5D-9 | 05/29/15 | | 03/18/2014 | Jeffries & Co | | 1,008,530 | 1,000,000 | 1,012,550 | 1,006,225 | 0 | (977) | 0 | (977) | 0 | 1,005,248 | 0 | 3,282 | 3,282 | 3,422 | _05/29/2015 _ | . 1FE |
| 1707ED AC 7 | CISCO SYSTEMS INC 2.900% 11/17/14 | | 03/13/2014 | First Union Capital | | 1,017,540 | 1,000,000 | 1,049,160 | 1.021.596 | | (5,256) | 0 | (5,256) | 0 | 1.016.340 | 0 | 1,200 | 1.200 | 0.747 | . 11/17/2014 . | 100 |
| 1/2/Jn-Au-/ | C1300 3131EM3 1NC 2.900% 11/1//14 | | | BNY Capital Markets Inc. | | 1,017,340 | 1,000,000 | 1,049,100 | | | (3,230) | 0 | (3,230) | | 1,010,040 | | | 1,200 | | 11/11/2014 . | . " L |
| 24422E-RS-0 | JOHN DEERE CAPITAL CORP 0.950% 06/29/15 | | 03/13/2014 | | | 1.007.400 | 1.000.000 | 1,007,890 | 1.006.797 | 0 | (970) | 0 | (970) | 0 | 1.005.827 | 0 | 1.573 | 1.573 | 2.085 | _06/29/2015 _ | 1FE |
| | GOOGLE INC 3.625% 05/19/21 | | 03/26/2014 | | | 1,482,922 | 1,400,000 | 1,460,018 | 1,456,899 | 0 | (1,729) | 0 | (1,729) | 0 | 1,455,170 | 0 | 27,752 | 27,752 | 18,608 | .05/19/2021 . | . 1FE |
| 713448-BM-9 | PEPSICO INC 3.100% 01/15/15 | | 03/13/2014 | McDonald & Co | | 1,022,750 | 1,000,000 | 1,059,280 | 1,024,976 | 0 | (5, 131) | 0 | (5, 131) | 0 | 1,019,845 | 0 | 2,905 | 2,905 | 20,925 | .01/15/2015 . | . 1FE |
| | TD AMERITRADE HOLDING CORP 4.150% 12/01/14 | | | BNY Capital Markets Inc, | | | | | | | | | | | | | | | | | |
| 87236Y-AB-4 | | | 03/24/2014 | | | 1,025,150 | 1,000,000 | 1,065,630 | 1,024,157 | 0 | (6,270) | 0 | (6,270) | 0 | 1,017,887 | 0 | 7,263 | 7,263 | 13,372 | _12/01/2014 _ | . 1FE |
| 012017 DU 1 | UNITED TECHNOLOGIES CORP 4.875% 05/01/15 | | 02/10/2014 | BNY Capital Markets Inc, Rose | | 1,048,840 | 1,000,000 | 1, 117, 430 | 1,056,501 | | (9.736) | 0 | (9,736) | 0 | 1,046,764 | | 2.076 | 2.076 | 19,365 | .05/01/2015 . | 100 |
| | UNITED TECHNOLOGIES CORP 4.873% 03/01/15 | | | Maturity | | 1,048,840 | 1,000,000 | 1,064,260 | 1,004,513 | 0 | (9,730) | | (4,513) | ٥ | 1,000,000 | | 2,070 | 2,076 | | 02/10/2014 | |
| | WELLS FARGO & COMPANY 3.750% 10/01/14 | | | Scotia Capital | | 1.018.440 | 1,000,000 | 1,060,460 | 1.022.889 | 0 | (6,767) | 0 | (6,767) | 0 | 1.016.123 | 0 | 2.317 | 2.317 | | . 10/01/2014 . | |
| | TORONTO DOMINION BANK SERIES MTN 1.400% | | | | | , , | , , | , , | , , | | , , | | | | | | , , | | , | | |
| 89114Q-AG-3 | | A | 03/26/2014 | | | 1,968,080 | 2,000,000 | 1,957,540 | 1,961,246 | 0 | 2, 128 | 0 | 2, 128 | 0 | 1,963,374 | 0 | 4,706 | 4,706 | 11,667 | .04/30/2018 . | |
| | Subtotal - Bonds - Industrial and Misco | ellaned | ous (Unaffili | iated) | | 14,732,922 | 14,400,000 | 15,004,268 | 14,706,757 | 0 | (43,630) | 0 | (43,630) | 0 | 14,663,127 | 0 | 69,795 | 69,795 | 163, 121 | XXX | XXX |
| 8399997. | Гotal - Bonds - Part 4 | | | | | 15,971,478 | 15,600,000 | 16,203,608 | 15,906,553 | 0 | (43,601) | 0 | (43,601) | 0 | 15,862,952 | 0 | 108,526 | 108,526 | 171,861 | XXX | XXX |
| 8399998. | Total - Bonds - Part 5 | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 8399999. | Total - Bonds | | | | | 15,971,478 | 15,600,000 | 16,203,608 | 15,906,553 | 0 | (43,601) | 0 | (43,601) | 0 | 15,862,952 | 0 | 108,526 | 108,526 | 171,861 | XXX | XXX |
| 8999997. | Total - Preferred Stocks - Part 4 | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 8999998. | Total - Preferred Stocks - Part 5 | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| | Total - Preferred Stocks | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| | Total - Common Stocks - Part 4 | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| | Total - Common Stocks - Part 5 | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| | Total - Common Stocks | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| | Total - Preferred and Common Stocks | 3 | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 9999999 - | | | | | | 15.971.478 | XXX | 16.203.608 | 15.906.553 | 0 | (43,601) | 0 | , , | 0 | 15.862.952 | 0 | 108.526 | 108.526 | 171.861 | XXX | XXX |
| 3000000 | | | | | | 10,011,410 | 7001 | 10,200,000 | 10,000,000 | | (-10,001) | U | (10,001) | U | 10,002,002 | U | 100,020 | 100,020 | 17 1,301 | ,,,,, | //// |

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues.....

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made $N\ O\ N\ E$

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By $\stackrel{\textstyle N}{}$ $\stackrel{\textstyle O}{}$ $\stackrel{\textstyle N}{}$ $\stackrel{\textstyle E}{}$

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To \overline{N} \overline{O} \overline{N} \overline{E}

Schedule DL - Part 1 - Reinvested Collateral Assets Owned \overline{N} \overline{O} \overline{N} \overline{E}

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH

XXX XXX

0599999. Total - Cash

Month End Depository Balances
3 4 5 Book Balance at End of Each Month During Current Quarter Amount of Amount of Interest Received During Current Interest Accrued at Current Rate of Depository
Hartford, CT Statement Date First Month(40,973,191)... Quarter Second Month Code Interest Third Month Bank of America(14,414,862)(42,631,154)...XXX.. 0199998. Deposits in ... 2 depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories 0199999. Totals - Open Depositories 100.651 (74.537)13.149 XXX XXX XXX 0 (40,872,540) (14,489,399) (42,618,005) XXX 0 XXX XXX 0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories XXX 0 0 0 0 0 0299999. Totals - Suspended Depositories XXX XXX XXX (40,872,540) (14,489,399) (42,618,005) XXX 0 0 0399999. Total Cash on Deposit XXX XXX XXX XXX 0499999. Cash in Company's Office XXX XXX XXX

0

(40,872,540)

0

(14,489,399)

(42,618,005) XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

| | | Z CACII | LGUITAL | |
|--------------|--------|---------------------|---------|---|
| Show Investm | ents O | wned End of Current | Quarter | |
| | 2 | 3 | 4 | 5 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----------------------------------|------|----------------|------------------|---------------|--------------------------------------|---------------------------------------|-----------------|
| | | | | | 6 Book/Adjusted Carrying Value | Amount of Interest Due and Accrued | Amount Received |
| Description | Code | Date Acquired | Rate of Interest | Maturity Date | Carrying Value | Due and Accrued | During Year |
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| 8699999 - Total Cash Equivalents | . | | | | | | |
| OUJJJJJ - FOLGI OGSH EQUIVAIGHS | | | | | | 1 | 1 |